MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Det

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO NO

> > (Stote)

(State)

Days

(Caunty)

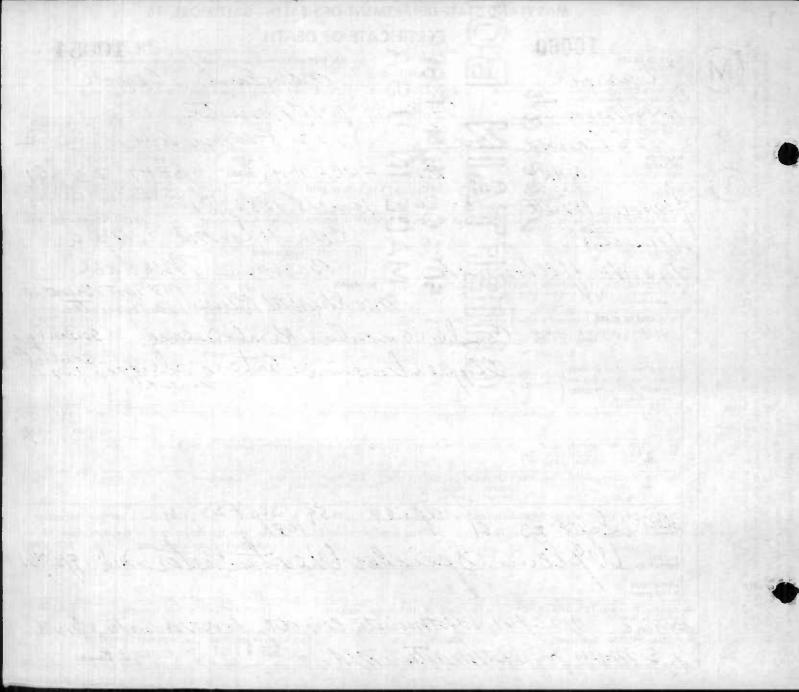
ON A FARM?

YES NO Z

Year

196

VS A1S (4) 1SM 9/SB



## MARYLAND STATE DEPARTMENT OF HEALTH

IVISION OF STATISTICAL	RESEARCH AND	RECORDS, 30	1 W. PRESTON	STREET, BALTIMORE	I, MARYLANI
10061	CERT	IFICATE C	OF DEATH		10055

20001					100		-
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	VCE (Whare do			lanca befora adm	nissio
Carroll	MARYLAND	a. STATE Marvl	and	b. COUN	Balto.	City	/
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orata limits, write	RURAL and giv	ve nearast town)	
write RURAL and give nearest town)  Sykesville.	14yrs.10mos.30	vs. Balti	more		2 11 1	1-4	
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street eddress)	d. STREET ADDRESS			J V D .	a. IS RESI	
Springfield State		4 N.	Front S	treet		YES N	
NAME OF First	Middle	Last	4. DATE	Month		ay Year	
(Type or print) Freder	rick George I	Bauman	DEATH	Septemb	per 24,	19 6	1
. SEX   6. COLOR OR RACE   7. M	ARRIED NEVER MARRIED 2 8	. DATE OF BIRTH	9	. AGE (In years		The same of the sa	
Mo To Librita		ecember 25,	1895	65 yrs.	Months Days	Hours	Min.
0a. USUAL OCCUPATION (Give kind of work   1	Ob. KIND OF BUSINESS OR INDUSTR			foreign country)	12. CITIZEN	OF WHAT COL	UNTR
done during most of working lifa, even if ratirad) Salesman	Unknown	Neu	Jersev		TT	S.A.	
3. FATHER'S NAME	01.77	14. MOTHER'S MAIDEN			0.	D.A.	
Frederick Bauman		Catherin	e Mille	70			
5. WAS DECEASED EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	e LITTLE	Addrass			
(as po, or unkown) (fryesgive war ondates of sarvice	1	Springfield	Hoenite		0		
18. CAUSE OF DEATH [Enter only one causa		Spr Tuer Tora	opprod	1 1100010		NET DIAL DESIGNATION	FENT
						INTERVAL BETWI	
IMMEDIATE CAUSE (a)	ocardial infarcti	ion				days	
42010 DUE TO							
	ronary occlusion					days	
gave rise to immediate cause (a), stating the underlying  DUE TO							
	rteriosclerotic h	neart diseas	e			years	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	N IN PARTILA	19. WAS AUT	
PART II. OTHER SIGNIFICANT CONDITIONS  Psychosis with chronic  Moderately advanced bi  20s. ACCIDENT WAS UNDERLYING  20s. OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	alcoholism, deli	rium tremen	S. act	ivity or	astions	TAXES NO	
20a. ACCIDENT WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part   or Part	of item 18.)	COCTON		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, far	m,   20f. (City	or town)	(County)	(Sta	ata)
	Whila Not Whila fact	ory, street, office bldg., et	c.)				
		12 03	10.16	0.04	(7		
21. I certify that (I) (this hospital) a		6.	2 3U D. III	9-24			
saw the deceased alive on	9-2419.61., and that	death occured at	M, *from	the causes	and on the		
228. SIGNATURE ACCELY	Rewylan		MED. DIRECTOR	STAFF PHYS.		9-24	DATE SIGNI
22c. PHYEICIAN'S NAME (Type) Julian Radz	ykewycz, M.D.	Springfi	eld Sta	te Hospi	tal, Sy	kesvill	e,
3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, low	n or county)	State	1)
Ferral 7-20-01	Henr Cal	Milled	6	allen	ost 1	12.	
FUNERAL DIRECTOR'S SIGNATURE	Partially, 7	DATE SI	EP 2 8 '61	TRAR 25b. REC	clum S. th		
contract of the second	1	-					

as. lity STATE OF STATE OF STATE Seesel Comercial Advantage FA PART STREET Tonner Tonner The part of the factor of the first that the factor of the And the rolls . In Alignon retent the Control of the Control State of the Control Est Villen to in the graph constitue all the state of the

VR A15 (4) 1SM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		77140		-	- DATE III
CERTI	FICA	ATE	OF	DE	ATH

10000	CERTIFICA	ATE OF DEATH		10056	
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceas	ed lived. If institution:	Residence before or	lmissian)
o. COUNTY Carroll	MARYLAND	a. STATE	b. COUNTY	1.2	1
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porote limits, write RUR	Adams AL and give nearest	town)
RURAL and give nearest town) Rural Union Mills		**			
d. NAME OF HOSPITAL (If nat in hospital, give street	et address)	New Oxford d. STREET ADDRESS		0 19	RESIDENCE
OR INSTITUTION			75	- X - 1 C	N A FARM?
Meadow View Convlesent		4 Lincoln Way		The state of the s	S   NO
3. NAME OF DECEASED (Type or print) MARY FLI	ZABETH	BITTINGER DEATH	SEPT	Day	Year 1961
S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH			INDER 24 HRS.
F WIDON	WED DIVORCED	Feb. 18, 1871	90 yrs.	Months Days Ho	ours Min.
10a. USUAL OCCUPATION (Give kind of work done 10) during most of working life, even if retired)	b. KIND OF BUSINESS OR IND			12. CITIZEN OF WH	IAT COUNTRY?
House Wife  13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		USA	
		14. MOTHER'S MAIDEN NAME			
Samuel D. Deordorff		Anna Wentz			
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war ar dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address		
No	178 16 05111 (	Clarence Bittinger	New Oxfor	rd. Pa	
1B. CAUSE OF DEATH [Enter only one couse per	line far (a), (b), and (c).	Ci	A +	INTERVA	L BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	tolerio Scieni	Tie Gooder Vaseulon	~ Dixease	210	C DEATH
4 ) DUE TO					
Conditions, if ony, which )					
gove rise to immediate DUE TO					
luis and last					
(4)	CONTRIBUTING TO DEATH B	IT NICT BELATED TO THE TERMINAL DICEA	CE CONDITION CIVEN	LINI BART 1/a VIII VA	AC ALITORCY
S TAKE II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BO	OF NOT RECATED TO THE TERMINAL DISEA	SE CONDITION GIVEN	PI	RFORMED?
Š				YES	NO A
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in Part I or Pa	ort II of item 18.)		
9		PLACE OF INJURY (Home, farm, 20f. (Ci	ty ar tawn)	(Caunty)	(State)
Hour o. m. While p. m. 19 of w	IG INDI WIIIG	octory, street, office bldg., etc.)			
		. 577	5.1.0	//	
21. I certify that (I) (this hospital) atter	h //	1997a	Sepr 8	., 19 <u>6</u> , that	(I) (we) lost
saw the deceased olive on Differ	19(c) , and that	death occurred of M. fran	the causes and	on the date sto	
22a. SIGNATURE		ATTENDING MED	_ STAFF		22b DATE
failles V, M	men	M.D. PHYS. DIRECTOR L	PHYS.		1/8/00
22c. PHYSICIAN'S NAME (Type) AMES	MARSH	( Paslumel	- M	1	, , , , , ,
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOC	ATION (City, town, ar	county)	(Stote)
REMOVAL (Specify) Burnial 9/10/1961	Conon Mount		GMDE MI	0-	
2/TUNERAL DIRECTOR'S SIGNATURE	Green Mount	Cemetery Are	STRAR 256 REGISTR	RAR'S SIGNATURE	
X.S. marles & las	entrace To	DATE SEP 13		Ulma S. Thous	
1 / MUND A NY	MINMALL	DAIL DAIL			

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VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10063

400FH

1. PLACE OF DEAT	гн		2. USUAL RESIDEN	ICE (Where deceased lived, If ins	stitution: Residence before edmission)
Carro		MARYLAND	Maryla	and (If outside corporete limits, write R	Montgomery
	(if outside corporete limits, nd give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write R	:URAL end give neerest town)
Sykes		7 davs	Silver	Spring	1522.2
	PITAL OR INSTITUTION (if not in I		d. STREET ADDRESS	op. mg	e. IS RESIDENCE ON A FARM?
Sprin	gfield State Hos	poital	102 No	ormandy Drive	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	Susie	Lee	Bocrie	DEATH Septem	ber 5 1961
Female	6. COLOR OR RACE 7. MAR WIDON		ecember 8, ]	last birthdey)	Nonths Deys Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work vorking life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		_	Virgini	9	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		0.0.2.
	Milligan		Sarah Lig	chtfoot	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. II	VFORMANT	Address	
No	(II yasgiva wai oi dalasoisai vica)		Springfield	Hospital Record	da
18. CAUSE OF	DEATH [Enter only one ceuse pe	or line for (e), (b), and (c).]	-b-rightor	. HODDI OUT HOOOT	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	mhami analamahi	1		ONSET AND DEATH
420.0		rteriosclerotic	neart disea	.30	Years
400.0	DOETO		week at		
Conditions, if er		erminal bronchor	neumonia		Days
geve rise to imme (e), steting the					
cause lest.					
Z PART II. OTH		ONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY
EC.B.S. Wi	ith cerebral art	eriosclerosis ar	d naranoid	reaction.	YES NO 1
= 20e. ACCIDENT	WAS UNDERLYING   20b. D	ESCRIBE HOW INJURY OCCURED.			ILS NO D
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)				
Z 20c. TIME OF IN	JURY Month, Dey, Yeer   2D	d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, fer	m, ' 20f. (City or town)	(County) (State)
20c. TIME OF IN	, wi	nileNot While fecto	ry, street, office bldg., et		(5000)
Pinn		vork et work			
					, 1961, that (I) (we) las
saw the decea	ased alive on	9-51961, and that	death occured at 1	0:20 from life causes ar	nd on the date stated above
220. SIGNATURE	1	10.	ATTENDING_	MED STAFF	22b. DATE SIGNE
Meg	usin de	1 Campon	D. PHYS.	DIRECTOR PHYS.	9-5-6.
22c. PHYSICIAN			22d. ADDRESS		
NAME VIVE	agustin del C	ampo, M.D.	Springfie	ld State Hospita	al, Sykesville, 1
23e. BURIAL, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town	
REMOVAL (Specif	9/7/61	Forest Lawn		Norfolk, Vi	roinia
Burial				C'D BY REGISTRAR 25b. REGIS	
24 FUNERAL DIRECTO	OK'S SIGNATURE				
Mest	termen of Has	une luASA	V. DIC DATE	Unit U	Irthur S. Kraus

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and C. Statement Ship

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10058 10058

1. PLACE OF D	EATH			2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)						
_	roll		MARYLAND	a. STATE Marvla	nd	ь, социту В <b>а</b> .	Lto. C	itv		
b. CITY OR TO	WN (if outside corpo		c. LENGTH OF STAY IN 16	c. CITY OR TOWN					wn)	
	Land give nearest to esville	lown)	2	Baltim	ore	3.	101.4	L		
		UTION (if not in ho	2yrs.4mos.2dy spital, give street eddress)	d. STREET ADDRESS	S	2	V () 1		RESIDENCE	
Spr	ingfield	State Hos	pital	212 W.	Monumen	t Street	t	YES [	NO S	
3. NAME OF DECEASED		First	Middle	Last	4. DATE OF	Month	1	Day Ye	er	
(Type or print)		Marie	Hartman	Brush	DEATH	Septem	per	5 19	61	
5. SEX	6. COLOR C	OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		AGE (In years   II	UNDER 1 YE		ER 24 HRS.	
Female	White	e WIDOW		September 18		87 yrs.	Months De	ys Hours	Min.	
10a. USUAL OCC	UPATION (Give kind of working tite, ever	d of work 10b.	CIND OF BUSINESS OR INDUST	TRY   11. BIRTHPLACE (Cou	unty & Stale, or fo	reign country)	12. CITIZE	N OF WHAT	COUNTRY?	
	usewife	11 11 10111007	-	Maryla	nd		H.	S.A.		
13. FATHER'S NA	ME			14. MOTHER'S MAIDER				P 4157 4		
Augustas	a Hartman			Catherine	Shertzer					
	ED EVER IN U.S. AR		SOCIAL SECURITY NO. 17.	INFORMANT		Address				
No	vn) (Ifyesgivewaror	- United States of Services	-	Springfiel	d Hospit	al Recor	ds			
18. CAUSE	OF DEATH [Enter	only one cause per	line for (a), (b), end (c).]					INTERVAL BI		
PART I.	DEATH WAS CAUS	ED BY:	teriosclerotic	hoort dinon				ONSET AND	DEATH	
4:	20-0	DUE TO	PET TOPCTOT OFTC	Hear oursea:	56			Years		
	f eny, which	Car	neralized hea	erterioscler	nata			Years		
	mmediete cause	1-1	20242204 494	ar cor roporor	0970			Tears		
	the underlying	DUE TO								
cause lest.	)	(c)	ATTORNITATION TO DELETION BUILT A		WALL DISTAGE CO	21121212121	111124274	1. 10 1446	AUTORCY	
PARI II.		_	NTRIBUTING TO DEATH BUT N						ORMED?	
3 C.B.S.			enile brain di				on.	YES 🗌	NO X	
OR CONTRIBL	NT WAS UNDERLYING CAUSE OF OTIFY MEDICAL EXA	DEATH	SCRIBE HOW INJÜRY OCCURI	ED. (Enter neture of injury in	n Pert I or Pert II o	of item 18.)				
	FINJURY Month,	Dey, Yeer   20d.		ACE OF INJURY (Home, fa		or town)	(Counly	)	(State)	
20c. TIME O Hour		While two		ctory, street, office bldg., e	tc.)					
	p.m.	17		5.7	10 50	0.5	1067	1	/ >1.	
			ided the deceased from							
		n	5- 19.61 , and the	at death occured all	U.1219, from	fhe causes a	nd on the			
22e. SIGNA	TURE	1.01	7. 6.	ATTENDING	MED.	STAFF		22	SIGNED	
ug	ushn	der C	myre.	M.D. PHYS.	DIRECTOR	PHYS.			9-5-61	
22c. PHYSIC	(T 1		Vic D	22d. ADDRESS	22 01 1	**				
	Agus		Campo, M.D.	Springfie	eld State	e Hospit	al, Sy	kesvi.	Lle, Md	
23a. BURIAL, CR REMOVAL (SI	EMATION, 23b. D	ATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, town	or county)	(	(State)	
Prixu	21 91	9/61	Drud X	dall	Tuka	evelle,	med			
24 FUNERAL DIR	ECTOR'S SIGNATUR	E	ADDRESS	25e. RI	EC'D BY REGISTR.	AR 25b. REGI	STRAR'S SIG	NATURE		
Um. J.	Juckney-	Sons 1/1	whatalles:	- Dultoir, DAGE	P 8 '61	Chil	47 8. Ha	nua.		
	G. W. W. W. D. L.			mr.						

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G. J. B. associated with sentile brain discuss with provided concions.

Telegraph of the party of the p

VR A1S (4) 1SM 9/S9

24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

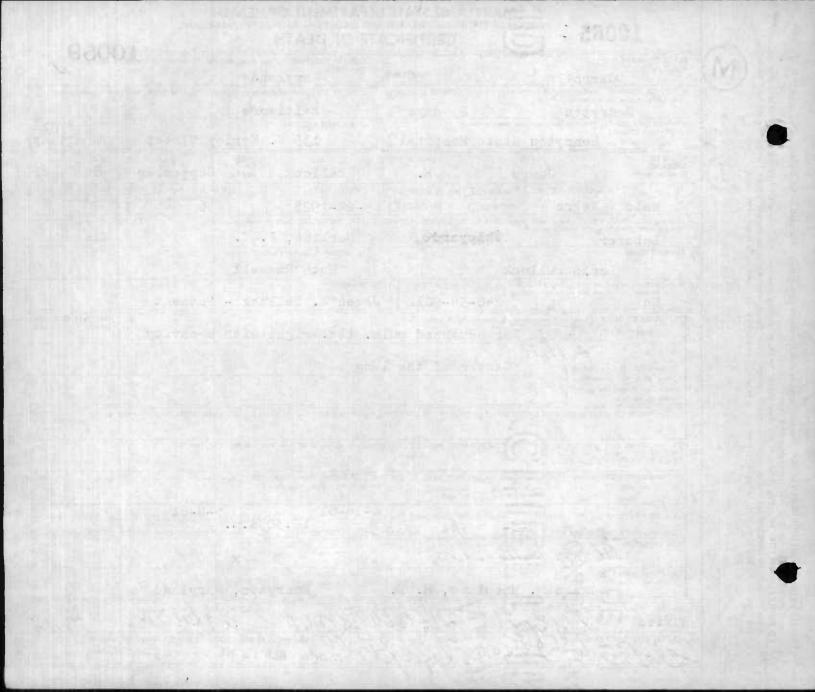
10	065	2.7	CERTI	FICA	TE OF DEATH	le.		4.0	ME	0	
1. PLACE OF DEATH a. COUNTY	Carroll	<u> </u>	MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Maryl		lived. If institution b. COUNTY	on: Residenc	before	admission	opy
b. CITY OR TOWN	(If outside carporate limi	ts, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (IF		rate limits, write R	URAL ond g	ive neare:	st town)	1
RURAL and give r	nryton		23 days	5	Balti	more		3	116	11	-4
d. NAME OF HOSP	ITAL (If not in haspital, g	ive street			d. STREET ADDRESS					IS RESI	
OR INSTITUTION	Henryton	Stat	e Hospita	al	135 S	. Morl	Ley Stre	et			FARM?
3. NAME OF DECEASED	Fir	st	Middl	e	Last	4. DATE	Mon		Doy		/ear
(Type or print)	Jame	es	E.		Bullock	DEATH	Septem	ber	8	1	961
S. SEX	6. COLOR OR RACE	7. MARR	IEDE NEVER MARR	IED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthdoy)				
Male	Negro	WIDOWE	DIVORC	ED 🔲	3-22-1925		36 yrs.	Months	Days I	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (State	or foreign co	ountry)	12. CITIZ	EN OF W	/HAT CO	OUNTRY
Labor		Sì	ipyard		Norline,	N. C.			USA		
13. FATHER'S NAME				19 19 19	14. MOTHER'S MAIDEN I	NAME					-
	Louis Bulle	ock			Ruth Ru	ssell					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	O. 17. IN	FORMANT		Add	ress		4-1	71
No No	(Ir yes, give war or dates or s	21	10-34-9012	2 6	James E. Bul	lock -	- Patien	t			
Canditians, if gave rise to cause (a), stating lying couse lost	ony, which immediate g the under. (b	Far	advanced	pulr	n. tbc. righ				ONSET	VAL BET	DEATH
NO PART II. OT	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO D	EATH BUT	NOT REDATED TO THE TERM	IIINAL DISEAS	E CONDITION GIV	TEN IN PARI		PERFOR	RMED?
20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Ye		Not while	20e. PL	D. (Enter nature of injury in ACE OF INJURY (Hame, farr ctary, street, affice bldg., etc.	m,   20f. (City		(C	aunty)		(Stote
p. m.	10	of wor					0.7				
	at (1) (this haspital ase alive an 9	-8-	1,61 , and	d that o	death accurred at 3	AFD	staff		, that	stated	
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS	PIRECTOR A	Mo7 on	a			
	Edgars M.	Macı	llans, M.	Д.	Henr	yton,	Marylan	a			
230. BURIAL, CREMATI	ON, 236 DATE THEREO	1/0(	23c. NAME OF CE	KETERY O	CREMATORY D.	23d. LOCA	TION (City town)	LUCS		(Stote	na

ADDRESS

25b. REGISTRAR'S SIGNATURE

Cirlbur S. Kraus

auf DATE SEP 13 '61



FOR STATE HEALTH DEPT TO DEPUT (EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any done is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burfal-transit permit. File page 1 and 2 with the State Board of Health, or its designated agent, prior to burfal, cremation, or removal, and in any event with 72 hour, after death. VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECO	ORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
10066MEDICAL EXAMINE	ER'S CERTIFICATE OF DEATH	10060

١	1. PLACE OF DEATH a. COUNTY				fulrons' Residenca bafora admission)
I	Carroll	MARYLAND	». STATE Marvla	b. COUNTY	Carroll
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		side corporate limits, writa RU	
ı	Mt. Airy	10 Mo.	Mt. Airv		
١	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, giva streat address)	d. STREET ADDRESS		e. IS RESIDENCE
1	Boteler Road		Potolon	Dood	ON A FARM?
ı	3. NAME OF First	Middle	Boteler 4.	DATE Month	Day Yaar
I	(Type or print) ELSTE	T. BV	ERS	DEATH Septembe	er 3. 1961
ı	5. SEX   6. COLOR OR RACE   7. MARRI		DATE OF BIRTH 1876	9. AGE (In years   IF L	JNDER 1 YEAR   IF UNDER 24 HRS.
1	Female White WIDOW		ec. 25 - 1882	last birthday) Mc	onths Days Hours Min.
ı	10a. USUAL OCCUPATION (Give kind of work   10b. I	KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
ı	Housewife	lomestic	Monreland		U. S. A.
ı	13. FATHER'S NAME	Omescic	Maryland  14. MOTHER'S MAIDEN NAMI	<u> </u>	U. D. H.
	Jesse N. Butter		Martha	J. Farver	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. I		Addrass	
l	(Yes, no, or unkown) ((fyesgive war or dates of service)	Man	Keith Byers	Como on #	4 9
1	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	verru paers	, same as #	I INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY:	S P 11 A	10 440		ONSET AND DEATH
1	IMMEDIATE CAUSE (a)	-, c. y. w	sepse.		yrs -
ı	DUE TO				
۱	Conditions, if any, which gave rise to immediate cause				
1	(a), stating the underlying DUE TO				
1	cause last. (c)				
1	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN I	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	8				YES NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURED. (E	ntar natura of Injury In Part I or I	Part II of ilem 18.)	
1		INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, † 20	Di (City on lower)	(County) (Stala)
1	Hour a.m. Whil		ory, streat, office bldg., etc.)	or. (City of lown)	(County) (Stata)
١	21. I certify that I took charge of the ren	mains described above, he	ld an Autopsy . Insp	ection , Inquiry	, and in my opinion
ı	death resulted from: Natural causes	, Accident , Suici	de , Homicide ,	Undetermined mann	ner 🗍
1		1	CHIEF MEDICAL EXAM	INER	
1	ACTUAL SIGNATURE & ALLES	hand	M.D. ASSISTANT MEDICAL	EXAMINER	DATE SIGNED
1		2 1/4	DEPUTY MEDICAL EXA	MINER	1/5/11
1	EXAMINER'S NAME (TYPE)	MARSH	Address (Street, city, to		7/0/6/
I	22a. BURIAL CRÉMATION, 22b. DATE THEREOF REMOVAL (Spacify)	22c. NAME OF CEMETERY OR	CREMATORY 22d.	LOCATION (City, town, or	country) (Stata)
	Burial 9-6-1961	Pine Grove C	emetery Mt		rvland
	23. FUNERAL DIRECTOR	ADDRESS	24a. REC'D BY	REGISTRAR 1246. REGISTR	
1	C. M. Waltz, Winfie	eldd Marylan	d DATE SEP 6	'61 0 11.	na & Krasha

START TO STADULT IS A SERIES OF CATEGORY 28501 TILA . die in the man and a second A MARINE WITH THE STATE OF THE trivini Li aliesi . estes . estes . e e eg., Browled T. 19-6-1761 Pine Grove Comptant Mail: Mail: Margara The american Market and the state of the sta

VR A1S (4) 1SM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	0087		CERTIFIC	AIE	OF DEATH			100	$61_{-}$	
1. PLACE OF DEATH o. COUNTY Ca	rroll		MARYLANE		o. STATE Maryl		d. If institution b. COUNTY	n: Residence be	efore admi	ission)
RURAL ond give n		s, write	c. LENGTH OF STAY IN 11		c. CITY OR TOWN (IF	outside corporate l	imits, write RU	IRAL ond give	nearest toy	wn)
RuralSyk			2y. 8m. 19d.	-	Baltimore			3 1 4	IC DI	ESIDENCE
OR INSTITUTION	TAL (If not in hospital, g				610 N. Col	lington	Arenne		ON	A FARM?
3. NAME OF	d State Hos	*	Middle		Lost		Mont		-	Yeor
DECEASED (Type or print)	Mary		Α.		niriconi	4. DATE OF DEATH	9		Doy 19	1961
5. SEX		7. MARR	IED MEVER MARRIED	4	ATE OF BIRTH	9. A	GE (tn years st birthdoy)	Months Doy		7
female	white	WIDOWE		/	17/1886	7	5 yrs.			
during most of wor	king life, even if retired)	lone 10b.	KIND OF BUSINESS OR INI	DUSTRY				12. CITIZEN	OF WHAT	COUNTRY
Housewife  13. FATHER'S NAME			at home	11	Italy MOTHER'S MAIDEN		ence	USA		
	Martinelli				Justin 7	· vante				
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFOR	MANT Spring	rfield	Addre	955		
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)	-18 <del>0</del> 8477		Hospital			Sykesvi	lle,	Md.
	ATH [Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Art	e for (o), (b), ond (c).] eriosclerotic diac insuffic			ar heart	diseas	0	year	D DEATH
gove rise to i	immediate (			72022	<u></u>				year	. 0
couse (a), stating lying couse lost.	the under-	Pos	sible coronar	T			11834			100
≥			ontributing to death e						PERF	S AUTOPS FORMED?
20g. ACCIDENT WA			CRIBE HOW INJURY OCCUR							
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yeo	While	NJURY OCCURRED 20e. Not while of work		OF INJURY (Home, for , street, office bldg., et		own)	(Coun	ty)	(Stot
21. I certify the	0	attend	ed the deceased fram		ecember 30s					
220, SIGNATURE	00 8 /	Day	extenso	M.D.	ATTENDING A		TAFF HYS.			22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Naci N. Bi	ıyuku	nsal, M. D		A-	oringfiel /kesville		-	tal	
230. BURIAL, CREMATIC REMOVAL (Specify		3	Holy Redee		-	23d. LOCATION Balti		r county) Md.	(St	tote)
24. FUNERAL DIRECTOR Schimune.	k Funeral	Hom	e, address inc.			D BY REGISTRAR		TRAR'S SIGNA		

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## MADYIAND STATE DEPARTMENT OF HEALTH

	MAKITAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLA
10068	CERTIFICATE OF DEATH

	7000							-14	1111	
1, PLACE OF DEATH o. COUNTY	Carroll		MARYLA		2. USUAL RESIDENCE (W) a. STATE Maryl	2012	b. COUNTY	Residence		The second second
b. CITY OR TOWN (	If outside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If a	outside corpor	ote limits, write RU	RAL ond give	nearest to	wn)
RURAL and give n			281 days		Chun	ch Wil	1, Maryl	ond		
	ryton  [AL (If not in hospital, g	ive street			d. STREET ADDRESS	C11 1111	I g Mai y	Lamu	e IS R	ESIDENCE
OR INSTITUTION			te Hospital				T	7X-	ON	A FARM?
3. NAME OF						4. DATE			100	
DECEASED (Type or print)	Cla	ra	Middle		Conyer	OF DEATH	Septemb	per	Doy 6	19 61
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8.	DATE OF BIRTH	5531	9. AGE (In years lost birthdoy)	Manths Do	_	
Female	Negro	WIDOW	ED DIVORCED [		4-16-1890		71 yrs.	Manths Do	ys Hou	rs Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark	dane 10b.	KIND OF BUSINESS OR I	NDUSTI	RY 11. BIRTHPLACE (State	ar fareign ca	iuntry)	12. CITIZE	OF WHA	T COUNTRY?
None	king life, even if retired				Unknown			II	SA	
13. FATHER'S NAME		1			14. MOTHER'S MAIDEN I	NAME			~11	
	Unkno	.770				Unkno	14110			
IS. WAS DECEASED EVE			SOCIAL SECUPITY NO	17 INFO	DRMANT	Ollkiic	Addre	ec.		
(Yes, no, or unknown)	(If yes, give war or dates of s					a .			0	
No			Unknown	Que	een Anne's	County	Wellare	Ba.	- Cer	trevi
PART I. DEA	by fo	/ ca	adv. bilate	eral	L pulm. tbc	. most	ly right	with	ONSET AN	
gove rise to i	mmediate (	,								
lying cause last.	) (c	)								
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	1 BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(	PER	S AUTOPSY FORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I ar Part	II af item 1B.)			
20c. TIME OF INJUI Havr a. m. p. m.	RY Manth, Day, Ye	While of war	Not while		E OF INJURY (Home, farm ry, street, affice bldg., etc		or town)	(Cou	nty)	(Stote)
			ded the deceased from 1961, and the							
22a. SIGNATURE	Lgars M.	mes	mlone	М.	D. ATTENDING MPHYS.	AED.	STAFF PHYS.	Sept.		226. DATE OF SIGNED
22c. PHYSICIAN'S NAME (Type)	Edgars	м. м	aculans, M.	D.	22d. ADDRESS		, Maryla	and		
23a. RURIAL, CREMATIC REMOVAL (Specify		9	CHURCH H	RY OR	COLORED	CHUI	ON (City, town, o		1	tate)
24. FUNERAL DIRECTOR	'S SIGNATURE	6	Kuch He	W	ml 25a. REGI	EP REGIST	61	TRAR'S SIGN		

28603					2703		
2000							
					a farmery.		
	m, zelim massa		avil I				
		35 . 7771					24/2
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	THE CHARLE	3000	THE WORLD				
			1				

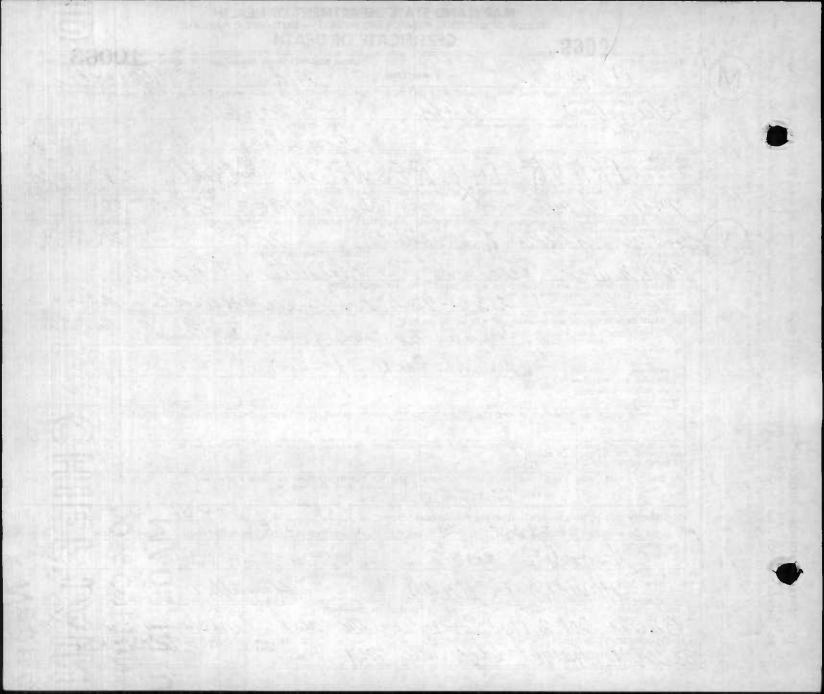
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10069	CERTIFICA	IE OF DEATH		10000
1. PLACE OF DEATH a. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where of	deceased lived. If institution b. COUNTY	Varrollisijon)
b. CITY OR TOWN (If autside carporate limits, write RURAT and give nearest town)	dife !	CITY OR TOWN (If outside	e carporate limits, write RU	RAL and give nearest town)
d. NĂME OF HOSPITĂL (If nat in haspital, give stree OR INSTITUTION	at address)	d. STREET ADDRESS	15 P.O.	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print) FRANKFILM	D. CRES	11/-1/1	DATE OF MONTH	28 196
male, White WIDOW	VED DIVORCED	June 1, 190	3 Syrs.	Manths Days Haurs M
00. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even in retired)	Rubber Luc Ce	m	d.	12. CITIZEN OF WHAT COUNT
Tilliam of City	rwell	Elizabeth	Alunk	Eed
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wor or dates of service)	5. SOCIAL SECURITY NO. 17. IN 13-01-9262	Mu Souise	Preservell	- above
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).	boies, plum	the lune	INTERVAL BETWEE
42011 DUE TO Conditions, if any, which)	neare. Carle	re farlare,		1950
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)		0		1961
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part	or Part II of item 18.)	
Hour a.m. While	6	CE OF INJURY (Hame, farm, 21 tary, street, affice bldg., etc.)	Df. (City or town)	(Caunty) (S
21. I certify that (I) (this haspital) attensaw the deceased alive an 28 Acros		1956 19 peath accurred at #230M,	, ta 1961	, 19, that (i) (we)
220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 2. 2	2/000 4	A.D. PHYS. PHYS.	STAFF	22b. DAT
22c. PHYSICIAN'S NAME (Type) HOWARD E	HALL	22d. ADDRESS	anlle 1	me
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OF	Memorial 23d	LOCATION (City, town, o	r county) (State)
24. FUNERAL OTRECTOR'S SIGNATURE	ADDRESS / // C	25a. REC:0.8	REGISTRAN 256. PESIS	TRAR'S SIGNATURE

after death. Page 4 2 should be filed with e funeral director, ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Then please remove corbon papers. Pages 1 and TO HOSPITAL TATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou may be retained by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72-hours after death.

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

COUNTY

ACE OF DEATH
COUNTY

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If inst
b. COUNTY
b. COUNTY

	(1)171) CERTIFICATE OF DEATH
	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence deceased lived. If it is institution: Residence deceased lived. If it is it is institution deceased lived. If it is
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  A. NAME OF WOSPITAL (If not in hospital, give street oddress)  3. NAME OF  First  Middle  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  4. STREET ADDRESS  G. STREET ADDRESS  G. STREET ADDRESS  G. STREET ADDRESS  G. A. DATE  Month  Day  Year
	(Type or print) HARRY AULDON DOBSON DEATH SEPT, 17 1961
	5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  10a. USUAL OCCUPATION (Give kind af work done during mast af working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. PRTHPLACE (State or fareign cauntry)  12. CITIZEN OF WHAT COUNTRY?
	13. PATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)   [If yes, give wor or dates of service)
	18. CAUSE OF DEATH [Enter only one couse per line (o), (b) and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Doy, Year Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Nat while at wark of ot wark of the other wark of the wark of t
	21. I certify that (I) (this haspital) attended the deceased fram.  saw the deceased alive an 159 1, and that death accurred at 150, from the causes and an the date stated abave.  22a. SIGNATURE  22b. DATE PHYS.  22c. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Igwn, or county) (State)  SHOULD STREET SIGNATURE ADDRESS 250. REC'D BY REGISTRAY 25b. REGISTRAR'S SIGNATURE
	(L.S. Smaller h Inethernate. ml SFP 21 '61'

ofter death. Page 4 the attending physician and campletely filled in the funeral director, Then please remave carban papers. Pages 1 and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. TO HOSPITAL

by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in broads 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the Stote Board of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs offer death.

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15 To Service of the Stainster, Hold.

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MAKILAI	AD SIVIE DE	PAKIMENI U	HEALIH
<b>DIVISION OF STATISTI</b>	CAL RESEARCH AN	D RECORDS - BALTI	MORE 1, MARYLAND

	10	071	CERTIFIC	ATE OF DEATI	H	4.00	065
	1. PLACE OF DEATH	~ · · ·	tems 2)c & a,	2. USUAL RESIDENCE (	Where deceased lived.	f institution: Residence	before admission)
	a. COUNTY	rall	MARYLAN	ID a. STATE	rland b.	COUNTY	~/
	b. CITY OR TOWN (If o	utside corporate limits, w	ite c. LENGTH OF STAY IN	c. CITY OR TOWN	f autside carporate limits	s, write RURAL and giv	re nearest tawn)
	RURAL and give near	totunst	10412	Runal	untota	1111	ROTHY
1	d. NAME OF HOSPITAL	(If not in hospital, give s	reet address)	d. STREET ADDRESS	W BUTT	mure.	e. IS RESIDENCE
	Crant	erry Ros	d	Cranbe	my Ro	ad	ON A FARM? YES NO P
	3. NAME OF	First	Middle	Lost	4 DATE	Month	Day Year
	(Type or print)	GRACE	VIOLA	DULL	OF DEATH	SEPT.	9 1961
1	S. SEX 6	. COLOR OR RACE 7.	AARRIED NEVER MARRIED [	8 PATE OF BIRTH	9. AGE (	11 1	YEAR IF UNDER 24 HRS.
4	male.	White wie	OWED DIVORCED	July 20	1900 6	yrs. Months D	ays Hours Min.
	10a. USUAL OCCUPATION during most of working	(Give kind of work done	10b. KIND OF BUSINESS OR IN	DUSTRY 11. BUTHPLACE (SIG	te or foreign cauntry)	12. CITIZE	N OF WHAT COUNTRY?
	Shal-Ja	ectors h	and operation	Carro	MI Car	md la	1.5.0.
1	13. FATHER'S NAME	11		14. MOTHER'S MAIDEN	NAME	1	
	aller	t Bas	nlos	Blina	bett H	Alman	/
	15. WAS DECEASED EVER II	YU. S. ARMED FORCES? yes, give war or dates of service)	16. SOCIAL SECURITY NO.	7. INFORMANT	2 - /	Address	
			216-03-911	arthur S.	L. Dull	Same a	ddress
	18. CAUSE OF DEATH	[Enter only one cause p	er line for (a), (b) and (c).]	1			INTERVAL SETWEEN
	PART I. DEATH	WAS CAUSED BY:	Jardio 11	ascula	Rena	allesens	ONSET AND DEATH
	144X	DUE TO	0	- 0			
	Canditions, if any,		Unlevi	Schero	ses 2H	4 perton	die 5-64er
9	gave rise to imm cause (a), stating the		4	0110.10			11619
	lying cause last.	) (c)	Swell &	A Deal			1701
	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE CONDI	TION GIVEN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED?
							YES NO
	20a. ACCIDENT WAS I	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury i	in Part I or Part II at iter	n 18.)	
	20c. TIME OF INJURY		od. INJURY OCCURRED 20e	. PLACE OF INJURY (Home, fa	206 (5:1		16. (.)
	Hour a.m.	W	hile Not while	factory, street, office bldg.,	etc.)	(Co	unty) (State)
		u u	work at wark	<i>f</i> :	7 C C	1.0 11	
	ALCOHOLD TO THE REAL PROPERTY.		tended the deceased fro	6.1	1900 . to Sept		, that (I) (we) last
	saw the deceased	plive on	1901, and the	at death occurred at	P.M. from the cau	uses and on the c	date stated above.
	120	2ms	Deishe	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		G/1://SIGNED
П	22c. PHYSICIAN'S			22d/ADDRESS	DIRECTOR PHYS.	1	1/1/6/
	NAME (Type)	GLEDW	SPEICHEI	2 Wes	truens	Len m	D
	23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (Cit	x, town, or countx)	Co(State) Md
	REMOVAL (Specify)	9/13/6	1 Michald Abl	Illinatian Man	10117777 B	D17117162	741/11/11/11/11/11/11/11/11/11/11/11/11/1
J	24. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	2Sa. RE	C'D BY REGISTRAR 2	25b. REGISTRAR'S SIGN	NATURE
	V.S. m	us A. l.	Istumstu	md DATE	SEP 1 4 '61	arilling &	Times
1	7	111					

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# 10072

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS

AND

TATISTICAL	RESEARCH	AND F	RECORD	S - B	ALTIM	ORE 1,	MARYLA
CEI	RTIFIC	ΔTF	OF I	DEA	TH		

1.	PLACE OF DEATH					2. USUAL RESI	DENCE (Who	ere decease	d lived. If insti			Donniss	ian)
	Car	roll		MARYL	AND		laryla	nd	b. COUN	Ca Ca	arroll		
	b. CITY OR TOWN (IF RURAL and give need	autside carporate limi irest tawn)	ts, write	c. LENGTH OF STAY IN		3. 0			orate limits, writ	e RURAL	and give ne	arest tawn	)
	Taneyto			Lifetime		X I	aneyt	own					
	d. NAME OF HOSPITA OR INSTITUTION	L (If nat in haspital, g	jive street	oddress)		d. STREET A	oddress Iiddle	Stree	et.				DENCE FARM?
3.	NAME OF	Fir	st	Middle		Las		4. DATE		Aanth	Do		Year
	DECEASED (Type ar print)	Ada		Reindoll	ar	Englar		OF DEATH	-				1961
S. 5	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	200	B. DATE OF BIRT	Н		9. AGE (In year		DER 1 YEAR	+	
	Female	White	WIDOW	ED DIVORCED		June 14,	1889	W 18	MA	y) Man	ths Days	Haurs	Min.
10a	. USUAL OCCUPATION	N (Give kind af wark	dane 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHP	ACE (State of	ar fareign c	ountry)	12	CITIZENO	FWHATC	OUNTRY?
	Clerical			wspaper		Taney	rtown,	Marv	land		U.S.	A.	
13.	FATHER'S NAME					14. MOTHER'S							
	Preston I	B. Englar				Marga	ret L	. Rei	ndollar				
15. (Yes		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 11	FORMANT			A	ddress		- 11	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	No	yes, give wor or doles or s	ervices		Mi	ss Beula	h Eng	lar,	Caneyto	wn, A	Maryla	nd	
	18. CAUSE OF DEAT	H [Enter anly ane co	use per li	ine far (a), (b), and (c).]	,						INT	ERVAL BE	TWEEN
	PART 1. DEAT	H WAS CAUSED BY:	0	ldenocan	r.	nama	, of I	The	Uleu	4		14 m	
	1745	DUE TO					0						
Н	Canditians, if an	y, which )	,										
14	gave rise to im	mediate (											
	cause (a), stating the lying cause last.	he under-	,										
Z		R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THETERMIN	NAI DISEAS	E CONDITION	GIVEN IN	PART 1(a)	9. WAS	AUTOPSY
CATIC	Co	ronon	1)	deart b		iase	, , , , , , , , , , , , , , , , , , , ,	, (712 - 752 / 15			,,,,,,	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature o	of injury in P	Part I ar Par	t II af item 18.)				
CALC	20c. TIME OF INJURY		- 0011	ALUIRY OCCURRED	n- 01	ACE OF INITION	Man farm	7005 (6:)			(6)		(5)-1-1
MEDIC	Haur a.m.	19	While at was	Nat while		ACE OF INJURY ( ctary, street, affic			or tawn)		(County)		(State)
		~ ~	) attend	ded the deceased f					Eget 2				
	saw the decease 22a. SIGNATURE	ed alive an	W 7	19 <u>6</u> /, and t	hat c	leath accurre	d attack	M, fram	the causes	and an	the date		
	E a	milelen	2	hours on	11	M.D. ATTENDIN	G ARE	RECTOR	STAFF PHYS.			9/2	SIGNED
	22c. PHYSICIAN'S			1		22d. ADDR			1			11-	, 0,
	E. AM	BLER Tho	mpsc	n		49 F	reder	ick	StTa	ney	town,	_Md.	
23a	BURIAL, CREMATION	, 23b. DATE THEREC	)F	23c. NAME OF CEMET	ERY O	R CREMATORY		23d. LOCA	TION (City, taw	n, ar cau	nty)	(Stat	e)
	Burial (Specify)	Sept. 23	. 190	61 Lutherar	1 Ce	emeterv		Taney	town, M	aryl	and		
24.	FUNERAL DIRECTOR'S		1	ADDRESS				BY REGIST			'S SIGNATU	RE	
	c.O.Fuss	& Son	TE	aneytown, Ma	ry]	and .	DATE S	EP 25	'61	arth	1 8. th	aus	

t, and the state of the state o The Stopping of Land and Land THE RESERVE OF THE CONTRACT OF THE PARTY OF ing filitaria (marangara da marangara) da marangan kangga filipina kangga filipina da marangan filipina da mar Angga kangga TO HOSPI COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page death. Page 19 PHYSICIAN: The law requires that the death of the hospital or attending physician.

\*\*S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTI	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
10073	CERTIFICATE OF DEATH	

_	100		T	CERTIFICA	Ham Car	DEA 1	2/63	un la		-	1.00	767	
1.	PLACE OF DEATH		1	Jenis C & 7 P		AL RESIDÉI	NCE (Where	deceese			Residen	ce before	dmission)
	Carroll			MARYLAN	e. ST	<sup>ATE</sup> [arvlan	a		b. COUN		rrol	7	
	b. CITY OR TOWN (	f outside corporate limits	,	c. LENGTH OF STAY IN		TY OK TOWN		orporete	limits, write				vn)
		give neerest town)		74 months	1571	In at man	at an						
-	d. NAME OF HOSPI	TAL OR INSTITUTION (if	not in hospi	16 months		REET ADDRESS		-				l a IS R	ESIDENCE
1					1				Amani			ON	A FARM?
2	Springi NAME OF	ield State	nospi			.62 Pen		Total .					NO A
3.	DECEASED	First		Middle		Last	4. DAT		Month		Dey	Yee	r
_	(Type or print)	Annie		Louise	GLADI	ELTER	DEA	TH	9	7-	23	19	61
5.	SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIED	8. DATE DE	BIRTH		9. AG	E (In yeers birthday)			IF UNDER	
	female	white	WIDOWED	DIVORCED	7/1/	1/72		gg	38 Qrs.	Months	Deys	Hours	Min.
10	. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	10b. KIN	D OF BUSINESS OR INDU	JSTRY 11. BIR	THPLACE (Cou	enty & State,	or foreig	n country)	12. C	ITIZEN O	F WHAT	OUNTRY?
"	Housewife	rking life, even it refired			De	nnsylv	anta			TI	.S.A	T.	
13	. FATHER'S NAME					HER'S MAIDEN				- 0	. 10 . 0.		
	W. Land day	Wanna and			101 -	inda Ma	nka						
15	Ephrain WAS DECEASED EV	ER IN U.S. ARMED FORCE	FS2   16 SI	OCIAL SECURITY NO. 1			TVD		Address				
		fyes give wer or detes of ser		o ciril seconii i (to.						_			
-	no	or where to			Spring	gfield	State	Hos	pital	Reco			
		EATH [Enter only one of H WAS CAUSED BY:	ause per lin	e for (e), (b), end (c).]								SET AND	
		IMMEDIATE CAUSE (e)_	Arte:	riosclerotic	heart	diseas	e					years	3
	470	DUE TO											
	Conditions, if any	, which ) (b)	Gene	ralized arte	ridsclo	osis,	marked	i.				years	3
	geve rise to immedi	DI TILO											
	(e), stating the u	nderlying											
z		(c) R SIGNIFICANT CONDITI	ONS CONT	RIBUTING TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE CONE	DITION GIV	EN IN PA	RT 1(e)   1	9. WAS A	UTOPSY
음	10 1000 200		_									PERFC	RMED?
15	CBS asso	c. with sen	ile b	rain disease	with	osychot	ic rea	ictic	on.			YES	NO IN
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	ZUB. DESCI	RIBE HOW INJURY OCCL	KED. (Enfer nat	ure of injury if	n Perri or Pa	rt 11 of 16	em 18.)				
		MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJU	RY Month, Dey, Yeer	20d. IN While	JURY OCCURRED   20e.	PLACE OF INJU			City or to	own)	(Co	unty)		(Stete)
MED	Hour e.m.	19	et work										
	21. I certify t	hat (I) (this hospita	l) attende	ed the deceased fro	m. 5/5/6	60	19	to 9	/23/6:	19	2	hat (1)	(we) last
			- 11	19, and I		_							
	22e, SIGNATURE	/		/									. DATE
	1 m	vatina	000	empo	M.D. PHYS	NDING	MED. DIRECTOR		TAFF HYS. 17			0/2	SIGNED
	22c. PHYSICIAN'S	LUCUU CZ	-4 (	everge	W.D.	ADDRESS			A-1			712	7/01
	NAME (Type)	Amatina	1 207	Campo, M.D.		Sykesvi	ille. I	Varv	land				
	DUDIAL COSMATI								N (City, the	up of cou	ntvl 🔿	19	itete)
23	REMOVAL (Specify		Ce/	23c. NAME OF CEMETE	0/	n n	230. 10	10	Ek	VII OF COU	TU	)	
24	FUNERAL DIRECTOR	S SIGNATURE .	11	ADDRESS	11/10	7.5a. Ri	SEP BY RE	STRAR	25b. REG	GISTRAR'S			
1	MIMILLO O	4- July	a	yunison	ell m	DATE						7	

1111 . See 12 Electric Co. T. C. TE Sale . Sproft & early breakful to the sale of the s DON'T WITH A STATE OF THE STATE AND LOOKED TO SEE THE PERSON WITH

10074

TO HOSPITA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (W	here deceased			e before ac	Imission)
	Carroll		MARYL	AND	o. STATE Maryla	ınd	b. COUNTY		ngtor	1
b. CITY OR TOWN ( RURAL and give no	If outside corporate limi	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	outside corpor	ate limits, write	RURAL ond gi	ve nearest	town)
	- Sykesvill	Le	2yr.3mos.2	5da	Hagers	town				
	TAL (If nat in haspital, g			744	d. STREET ADDRESS		11	V	e. IS	RESIDENCE
	field State	e Hos	pital		Route	#14	171	7-7		S NO
3. NAME OF DECEASED	Fir	rst	Middle		Lost	4. DATE	Мо	nth	Day	Yeor
(Type or print)	Missou	ıri	Mae		GRIFFITH	DEATH	Septe	mber	29	1967
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	B	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	_	INDER 24 HRS
Female	White	WIDOW	ED DIVORCED		5-30-83		78 yrs		Doys Ho	urs Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (State	or fareign ca	untry)	12. CITIZ	EN OF WH	AT COUNTRY
None	king isie, even ir renred	,			Maryland			U.S	.A.	
13. FATHER'S NAME	A		SE IN CHA	11.7	14. MOTHER'S MAIDEN	NAME				
Elias Gri	ffith				Sallie M	cMulle	n			
			SOCIAL SECURITY NO.	17. INI	FORMANT		Add	iress		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)		Но	spital recor	ds				
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (o), (b), and (c).						INTERVA	L BETWEEN
PART I. DEA	TH WAS CAUSED BY:	. Br	onchopneumo	nia						davs
491	IMMEDIATE CAUSE (o	'1				74.500				days
Canditions, if o	au subjah								1.50	
gave rise to i	mmediate (	•							-	
lying cause last.									1992	
	) (c	,	CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TERM	AINAI DISEASE	CONDITION GI	VEN IN PART	1(a) 19 W	AS AUTOPSY
ODC ATTO									PE	REORMED?
20g ACCIDENT W	AS UNDERLYING				se, with psy			H•	16.	140 %
PART II. OTI  CBS asso  20a. ACCIDENT WAY  OR CONTRIBUTING  (IF EITHER, NOTIFY	CAUSE OF DEATH	200, 023	Chief How Hook oc	CORRED	. temer notice at injury in					
	RY Manth, Doy, Ye	or 20d I	NIURY OCCURRED :	20e. PLA	CE OF INJURY (Hame, far	m, 20f. (City	or town)	(C)	ounty)	(State
Hour o.m.	19	While	_ Not while	foct	ary, street, affice bldg., et	c.)		10	Jul., 1	(5/5/5
		at wa			( )	70	0.00		-	
			ded the deceased t			52ta	9-29			(We) las
	sed alive an 2-	-20	19 O.L., and	that de	eath accurred at 24	UM, fram	the causes a	nd on the	date sto	
220. SIGNATURE	at. A	91			ATTENDING A	AED	STAFF			22b. DATE SIGNEI
22- BUYGIGIANIG	174	1000	nan	N	I.D. PHYS.	IRECTOR .	PHYS.			9-29-
22c. PHYSICIAN'S NAME (Type)	707 70				22d. ADDRESS					
	Ilse Kam						, Maryla			
23a. BURIAL, CREMATIC		OF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCAT	TON (City, town,	or county)		(State)
Burlal	10-1-	61	Salem			Ruca	Hagel	storn	Vace	metu
24. FUNERAL DIRECTOR	'S SIGNATURE	,	ADDRESS			D BY REGIST		ISTRAR'S SIG		1
Hair.	.0 4	Lan	D 11/10000	no 4	A PINO DATE OC	T 3 '61	ar	Thur S. T	sould.	



2 1	Item 20 F	ilm 295	9-22 0	RYEAND STAT	E DEPARTA	WENT (	OF HEALT	TH		
P	Divisio	n of STATIS	TICAL RESE	ARCH AND RECOI	RDS, 301 W.	PRESTO	N STREET,		RE 1, MAR	YLAND
FOR STATE		10075	WEDICA	L EXAMINE	R'S CERT	IFICA'	TE OF D	EATH	10	068
EALTH DEPT.	1. PLACE OF DI	АТН			2. USUA	L RESIDEN	ICE (Where dece			nce before admission)
ary,		roll		MARYLA	a, STAT	Maryl	and	Balto.C	ounty	
S 2 4 4	b. CITY OR TO	WN (if outside corp L and give nearest		c. LENGTH OF STAY	N 1b c. CITY		(If outside corpora			neerest town)
a p o p		esville	iown)	4 mo. 13 d	ivs	Balti	more		0-	3X
Boar of			ITUTION (if not in	hospital, give street address)		ET ADDRESS			0.00	IS RESIDENCE     ON A FARM?
2 6 6 6	Spr	ingfield	State Ho	spital		8559	Water Os	k Road		YES NO
any ne fur etain s Stal death	3. NAME OF DECEASED		First	Middle	Las	st	4. DATE	Month	Dey	Yeer
the start	(Type or print)		Julia	May	Halbers		DEATH	Septemb	er 14	19 61
with safe	5. SEX	6. COLOR	OR RACE 7. MAI	RIED NEVER MARRIED					Months Days	IF UNDER 24 HRS.
and	Female	White		WED TO DIVORCED	]   May 2/			9 yrs.		
3 art 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10a. USUAL OCC	of working life, ev	nd of work 10b en if retired)	. KIND OF BUSINESS OR IN	DUSTRY   11. BIRTH	PLACE (State	or foreign count	ry)		OF WHAT COUNTRY?
Pas 1	Hous-	ewife		-		ryland			U.S.	A .
Take Sta		el Tyler				nna O				
EG EEE	15. WAS DECEASE		MED FORCES? I	16. SOCIAL SECURITY NO.			MATT	Address		
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	(Yes, no, or unkow	n) (Ifyesgive ward	ordates of service)	- SOCIAL SECORITI NO.			Hospits		d a	
wiffer any				er line for (a), (b), end (c).]	Opr Inc	311010	HODPIDE	I MCCOI		TERVAL BETWEEN
ni in i		SEATH WAS CALL	CED DV	hyxia due to	onelwei er	of 7		d booms	10	SET AND DEATH
a alor -fran and	921	MMEDIATE	DUE TO Wit		OCCLUSION	1 01 1	arymx ar	d brotte	MI MI	inutes
oval in p	Conditions, if	eny, which		eriosclerotic	heart di	80000			V	ears
Show of the state		mediate cause	DUE TO	011000101001	2 11001 0 0.	LOCADO				2019
ndin iner d as	(a), steting to	he underlying	(c)							
"pe "Sem xam use ion,	PART II. C	THER SIGNIFICAN	IT CONDITIONS	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	
ord ord	₹C.B.S.	associate	ed with s	enile brain o	disease.					PERFORMED? YES NO •
Medica Should should al, crea		AL CAUSE WAS	20b. DES	CRIBE HOW INJURY OCCUI	RED. (Enter nature of	injury In Pa	rt I or Part II of ite	em 18.)		
S A A A A A A A A A A A A A A A A A A A	0 011001 01 01	ATH.		Aspirated						
Writing Chief 3ge 3 Io buri	20c. TIME OF			d. INJURY OCCURRED 20	e. PLACE OF INJURY fectory, street, offi	Y (Home, farr	m, 20f. (City o	r town)	(County)	(State)
A 2 2 206	WE TO SE	).m.		work at work	S.S. H.		Sykesy	ille	Carrol	Ll Md.
Die Die	21. I certif	y that I took	harge of the r	emains described abov	e, held an Auto	psy K	Inspection	, Inquiry	x, and	in my opinion
A it be compared to	death result	ed from: Na	atural causes [	, Accident x,	-	Homicide		termined ma	nner _	
forwar forwar L DIR ated ag	ACTUAL	0	19	14.		EF MEDICAL	_			
at to Table	SIGNATURI	- James	W . /	horsh	M,D.		DICAL EXAMINER	_	I	ATE SIGNED
Sign Sign	EXAMINER NAME (Type	Temps	T. Marsh	M.D.			L EXAMINER			9-14-61
Servit should be for FUNERAL I is designate	22a, BURIAL, CREM	ATION. 226, DA	ATE THEREOF	22c. NAME OF CEMETE			city, town, or co			(State)
0 2 4 0 p	REMOVAL (Sp. Burial	ecify) 9-18	-61	Holy Cross	Cemeterv	72. 1				21-12-120
н н	23. FUNERAL DIRE	, , , , , , , , , , , , , , , , , , , ,		ADDRESS		24a. REG	Brookly:	R   24b. REGIS	TRAR'S SIGNAT	URE
/S. A15ME 5M 7/59	6. Vorus	Lesuran	4611 Pa	rk Hgts. Balt	0.	DATE S	EP 1 8 '61	an	hur S. Kras	ic
12.	- I SE VYLLY	O SULVINION								

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and the same - elaselb road offerele letterfile

tonues is migrat affirmer 1880 Endatestan 18:500

Entral 9-18-61 Holy Gross Company Callega, A.A.Co. H.

Contract of the state of the st

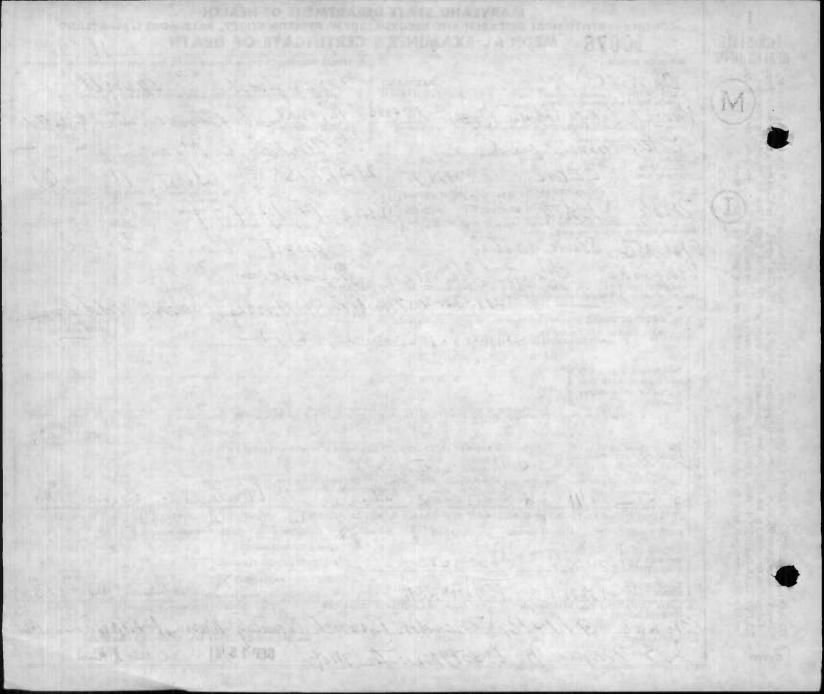
# 12 FOR STATE HEALTH DEPT. Zirector, Page alth, is necessary, files. for your 2 with the State Boar TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any 4 please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10076 MEDICA	L EXAMINER'S	CERTIFICATE	OF DEATH	10070
1. PLACE OF DEATH		2. USUAL RESIDENCE (	Where deceased lived, If inst	litution: Residence before edmission)
o. COUNTY		a. STATE	b. COUNTY	1 11
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If out	side corporate limits, write RI	URAL end give neerest town)
Annal Westminder	PTHI 10 yrs	Hund,	westma	notes PT #1
d. NAME OF HOSPITAL OR INSTITUTION (if not in I	nőspfæl, give street address)	d. STREET ADDRESS	0	a. IS RESIDENCE ON A FARM?
3. NAME OF First		anules or	m Nou	YES NO
DECEASED (Type or print)	FRANT )	LARRIS .	DATE Month OF DEATH	Dey Yeer 1961
5. SEX   6. COLOR OR RACE   7. MARI	RIED NEVER MARRIED 8.	DATE OF BIRTH		UNDER 1 YEAR   IF UNDER 24 HRS.
male Whate WIDON		un. 14.19	34 2 7 yrs.	onths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE Stele or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Cherita Shore fall	ny	Alevant	- Va.	U-5-a.
Whenes the +	12/200	14. MOTHER'S MAIDEN NAM	7	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO. 17, IN	FORMANT	Address	
(Yes, no, or unkown) (Ifyes give wer or dates of service)	18-32-0195mm	Peril H Ula	De Cana	andles-
18. CAUSE OF DEATH [Enter only one course pe	or line for (e), (b), end (c).]	W. 17401	ius, ourn	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	unshed loveren	al I head		ONSET AND DEATH
976× DUE TO				
Conditions, if eny, which (b)				
geve rise to immediate cause				
(e), steting the underlying DUE TO couse lest.				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY
				PERFORMED?
D COL EVERNIAL CALIEF WAS 201 DESC	CRIPT HOW IN THE COURTS OF		D . II . (1) . (0)	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	CRIBE HOW INJURY OCCURED. (En	ter neture of injury in Pert I or	Perf II of item 18.)	
Z 20c. TIME OF INJURY Month, Dey, Yeer 20c	H. INJURY OCCURRED   200, PLAC		Of. (City or town)	(County) (State)
□ Hour e.m Wh	ile Not While fector	y, street, office bldg., etc.)	Onstanuales	Correce Ha
21. I certify that I took charge of the re	emains described above, held	an Autopsy . Insp	pection X, Inquiry	X, and in my opinion
death resulted from: Natural causes	, Accident , Suicid	le N. Homicide,	Undetermined mani	ner 🗌
ACTUAL TO Y		CHIEF MEDICAL EXAM		
SIGNATURE ALLES	roson	_ M.D. ASSISTANT MEDICAL		DATE SIGNED
EXAMINER'S AMES /	MARSH	DEPUTY MEDICAL EXA Address (Street, city,	1124	twent my 1/3/
228. BUNAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		LOCATION (City, town, or	country) (State)
23. SUNERAL DIRECTOR 9/14/6/	Mendon /S	24a. REC'D BY	REGISTRAR   24b. REGISTI	Nostpresser, Ma
4-2-mula 2.1	witherent	- md SE		other & House

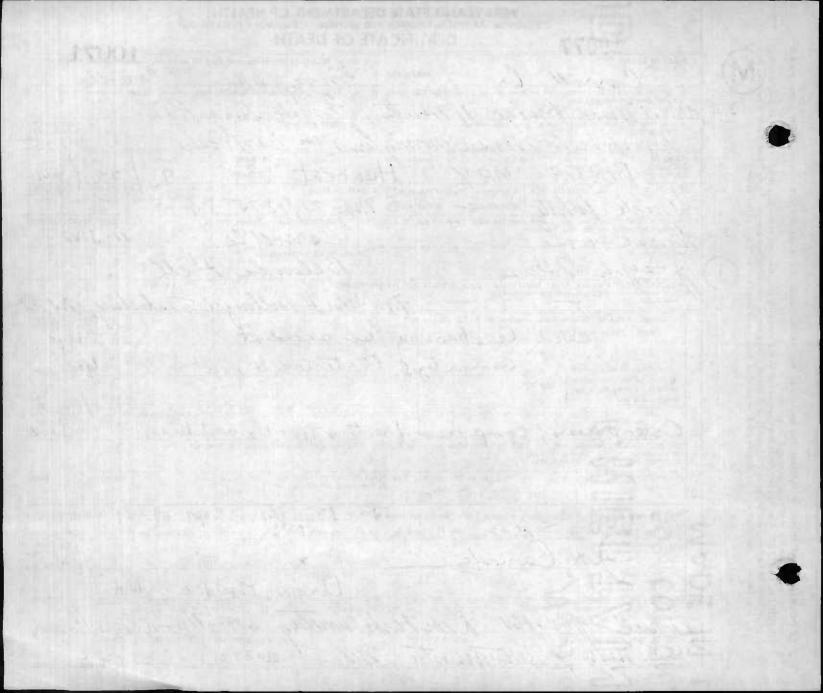


VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	10177	CERTIFICA	IE OF DEATH	4.7	0004
1.	PLACE OF DEATH o. COUNTY	MARYIAND	2. USUAL RESIDENCE (Where decease a. STATE	d lived. If institution: Resident	ice before admission)
L	Currell Co:	MARYLAND	maryland	Car	roll
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	orate limits, write RURAL and	give nearest town)
1	wal Uman Bredge	11 month	X Timberland	a PLT	
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress)	d. STREET ADDRESS	7	e. IS RESIDENCE
L	Morpfield man	n Morning	Exercise Nast	view	ON A FARM? YES NO
3.	NAME OF DECEASED PARTY First	Middle /	Last 4. DATE OF	Manth /	Day Yeor
	(Type or print)/3/RT/A MA	YH	ERDER! DEATH	9 /	24 / 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TYEAR IF UNDER 24 HRS.
-	Semale white WIDOWED	DIVORCED [	may 31, 1875	last birthday) Months	Days Hours Min.
10	USUAL OCCUPATION (Give kind of wark dane 10b. KIN	ND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stote or foreign of		IZEN OF WHAT COUNTRY?
1	mal-wile		Carroll Ca	9.	1-S.a.
13.	FATHER'S NAME	STOTE HELD	14. MOTHER'S MAIDEN NAME	7/ 1	
	Joseph Hess		Bllmda	Hell	
)6.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. IN	IFORMANT	Address	,
L	(if yes, give wat or odds or service)	- m	John H. Bolline	in Truksi	ners mid Ro
	1B. CAUSE OF DEATH [Enter only one cause per line t	for (o), (b), and (c).]	1	-74	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ben vasan	los accident		ONSET AND DEATH
	DUE TO				-
	Conditions, if any, which ) (b) Ger	usa lesso (	Irterio Sclose	-1-	Hear
	gave rise to immediate	- Jak	3	263	1
Z	lying cause lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY
ATIO	Ostan Donario Cana	1 / 20	t. T +1-1	ratibase.	PERFORMED?
FIC	20a. ACCIDENT WAS UNDERLYING   20b. DESORI	RE HOW INJURY OF LIPRET	D. (Enter noture of injury in Port I or Par	rt II of item 1B.)	123 110 24
CERT	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JE 110 II WOOK! OCCORNE	s. (Eller holdes of hijory with our control		
SAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJU	JRY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (Cit	y or town) (	County) (State)
MEDICAL	Hour a. m. p. m. 19 While at work	Not while tac	tory, street, affice bldg., etc.)		
1	21. I certify that (I) (this haspital) attended		lan 18, 1961 to	Sapt 24, 196	About 11 town I have
	saw the deceased alive an 2123		eath accurred 612 M, fram		
1	22a. SIGNATURE	179 2 and that a	learn accurred by AM, fram	the causes and on th	e date stated above.
1	A. H. arica	6	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	9 34 61
	22c. PHYSICIANYS		22d. ADDRESS	11110.	1-114
E	NAME (Type)		UNION BY	ridge, M	d.
23		23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCA	TION (City, town, or county)	(Stote)
1	BUNDAL (Specify) 9/26/61	Stoon Pana	6 Comeleun St	rallund !	prolle med
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS'	250 REC'D BY REGIS	TRAR 25b. REGISTRAR'S SI	GNATURE
DE E MINERO, A. MATURANTE MA DATE SEP 27'61					
4	1 - in hill home	Mary 1	The same of	OI Cariling	I. Their



TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely thred in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	1	
3	(	1
1	death.	
	after	b
	hours	
30000 f 5000 contract to the c	within 72	
-	any event,	
	any	
	2.	
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	oval,	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI  10078  10072	M	ARYLAND STATE DEPARTMENT OF HEALT	H
10078 CERTIFICATE OF DEATH 10072	DIVISION OF STATISTICAL R	ESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAN
	10078	CERTIFICATE OF DEATH	10072

Carroll  b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearast town)  Sykesville  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straet address)  Springfield State Hospital  Maryland  c. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)  C. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)  d. STREET ADDRESS  L. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)  L. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)  C. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)  L. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)  C. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)  C. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)  C. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)  C. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)  C. CITY OR TOWN (if outside corporata limits, write RURAL Sykesville and give nearast town)	on: Rasidanca before admission)								
write RURAL and give nearest town)  Sykesville  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	loward								
Sykesville 2 mo. 12 dys d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	and giva naarast town)								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS									
Springfield State Hospital	. IS RESIDENCE								
	YES NO X								
3. NAME OF First Middla Last 4. DATE Month OF OF	Day Yaar								
(Typa or print) Lillie May Kemp DEATH September	20 1961								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. 8. DATE OF BIRTH 9. AGE (In years IF UND									
Female White WIDOWED DIVORCED September 12, 1889 72 yrs.	s Days Hours Min.								
	CITIZEN OF WHAT COUNTRY?								
dona during most of working life, avan if ratirad)  XUNKAGWA None  None  Maryland	U.S.A.								
13. FATHER'S NAME	0101111								
UnknownX Ezra Kemp UnknownX Florence Ramsi	h1120 C								
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	burg								
No - North (Ifyasgivewarordatesofsarvica) North Springfield Hospital Records	3								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Old and new myocardial infarction Months & Day									
11 7 2									
DUE TO Vacana management and analysis of the vacana management and ana									
Conditions, if any, which (b) Coronary arteriosclerosis Years									
gave rise to immediate cause (a), stating the underlying DUE TO									
cause last. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY								
C.B.S. with cerebral arteriosclerosis with psychotic reaction.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P  C.B.S. with cerebral arteriosclerosis with psychotic reaction.  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)  Hour a.m. Whila Not Whila at work at work at work									
	19.61, that (1) (we) last								
	n the date stated above.								
saw the deceased alive on 9-20- 19 61 and that death occurred at	22b. DATE								
saw the deceased alive on 9-20- 19.61, and that death occurred at	9-28-61								
saw the deceased alive on 9-20-19.61, and that death occurred at	a , , , , , , , , , , , , , , , , , , ,								
saw the deceased alive on 9-20-19 61, and that death occurred at M, from the causes and o	, Sykesville, M								
saw the deceased alive on 9-20-19.61, and that death occurred at M. from the causes and on 22a. SIGNATURE  22a. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X  22d. ADDRESS  NAME (Typa)  Agustin del Campo, M.D.  23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, fown or company)									
saw the deceased alive on	ounty) (Stata)								
saw the deceased alive on	ounty) (Stata)								

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C. B. S. Sakin cometro arterioscieración paracionado restricon.

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Aguardan del mage, 18.1. Springraph Stock Hospital, Syletrille, Nd.

# MARYLAND STATE DEPARTMENT OF HEALTH

				CI	ERTIFIC	ATE	OF D	EATH			40	OM	()	
1.	PLACE OF DEATH	roll			MARYLAND	2.	usual RESI	yland	nere decease	d lived. If institut b. COUNT	Some	set	ore admiss	sian)
	b. CITY OR TOWN (I RURAL ond give no Henryte	· ·	its, write		OF STAY IN 18		_	town (If a		orate limits, write	RURAL and	give ne	arest taw	n)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, son State F		address)	Days		d. STREET A			10	X	- 2		SIDENCE A FARM?
	NAME OF DECEASED (Type ar print)		rst		Middle F.		Kers		4. DATE OF DEATH	Mo Se	nth pteml	per	,	Year 1961
5.	Female	6. COLOR OR RACE	7. MARE		ER MARRIED [		ATE OF BIRT	0.0		9. AGE (In years lost birthday) 79 yrs	Months	R 1 YEAR Doys	Haurs Haurs	ER 24 HRS Min.
100	during mast af wark	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BU	ISINESS OR INI	DUSTRY					12.CI			COUNTRY
13.	Domestic FATHER'S NAME		- 1			14	. MOTHER'S			. , Va.		US	A	
	L. James							ise C	onque					915
		R IN U. S. ARMED FOR (If yes, give wor or dates of		SOCIAL SECI	URITY NO. 17	, INFOR					dress			
	No			19-03-		Ju	lia F	. Ker	sey-	Same		1		
		TH [Enter anly one co TH WAS CAUSED BY:			oiency								ERVAL BE	
	Canditians, if or gove rise to it cause (a), stating lying couse last.	the under-	s S	. pul.	sis, ol	pl	euris	y, at	lecta	sis rt.	mid.	lob	e	
ICATION	PART II. OTH	IER SIGNIFICANT CON	ADITIONS O	CONTRIBUTIN	NG TO DEATH B	ION TUI	related to	THE TERM	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(a)	PERFC	AUTOPSY DRMED?
CERTIFI		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OCCUR	RED. (E	nter noture o	if injury in	Part I or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCU Not wh	nile_	PLACE factory,	OF INJURY ( , street, affic	Home, form e bldg., etc	.)			(Caunty)		(State
		t (I) (this haspita							I A IVI	Sept. 1 the causes a				
		Agers M	ma	enlar	y	M.D.	ATTENDIN PHYS.	□ Di	ED. RECTOR	STAFF PHYS.			9-1	SIGNET
	22c. PHYSICIAN'S NAME (Type)	Edgars N	1. Da	culan	s. M.D.		22d. ADDR		n, Ma	ryland				
230	BURIAL, CREMATIO	9-22	OF -61	23c. NAME	Sley (	ha				TION (City, town,	or county	امر	disto	te)
24.	FUNERAL DIRECTOR	S SIGNATURE OF What	ton	neu	chur	ch,	. Uq.	250. REC			Jun S.	10		

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FILE OF THE WAR AND TO ATE ON A STATE Service of the servic Walter and To State State of the Control 4 t x to the last tell and the same THE PERSON OF PERSONS ASSESSED. 

			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
			10080 CERTIFICATE OF DEATH Reg. Dist. No	
Page 4	director, iled with		. PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceosed light. If institution: Residence before odmission) b. COUNTY	2
r death.	funeral uld be f	A	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAN and give inearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Wellieutely	
our sefte	nd 2 sho	7	CV -	
in 24 ho	ges 1 an	)	NAME OF DECEASED (Type or print) CLEVELAND-B-LEESE OF DEATH SUPER STREET OF DEATH SUPER	6/
ed with	npletely ers. Pa		widowed Divorced Wildy 2. L. 1086 13 yes.	Min.
e execut	and can son pap r death.		00. USUAL QCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY). BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COULD SET TO SET	VIKT
ficate be	ysician ave carb iurs afte		Followish Leese Eline Burne Byles  Was deceased ever in u. s. armed Forces? 16. Social Security No.   INFORMANT   Address	
th certi	ding ph use rem in 72 ho		Jes. no, or unknown) for yes give war or dates of service) NO Mus Ross Weaver-Meurohester Med	
ne dea	en plec		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)	ATH
res that th	ed by the ermit. The r ony even		Conditions, if ony, which gove rise to immediate DUE TO  DUE TO  Conditions, if ony, which by Cardia Vas Dieszas Okara	ici
w requi	ansit pe		Course (o), storing the under-	OPSY
The lay	has be urial-tr emaval,		YES N	ED?
IAN:	ificate the bu		OR CONTRIBUTING C CAUSE OF DEATH OF CHIPPER NOTIFY MEDICAL EXAMINER)	
PHYSIC	this cert ir use os remation	N.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. Pp. m. 19 Octory, street, office bldg., etc.) (County)	(Stote
NDING	t: After sched fo uriol, c		21. I certify that I attended the deceased fram 1955, 19, to 9 , 1947 that I last saw the deceased alive an 9 , 1961, and that death accurred at 81 M, fram the causes and an the date stated at	bave
ATTE	RECTOR be dete ior to b		ACTUAL SIGNATURE M.D. Nath M.D. Stan M.C. Stan	GNE
TAI	NERAL DY	1	PHYSICIAN'S NAME (Type) N. C. Store	
O HOSF	O FUNE poge 3 the regi	1	Bremoval (Specify) 9-8-196/ John LMiles Clemetery accountly accountly accountly	
VS A	15 (4)		24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 8 '61 Cather & Kroun	2
	111			

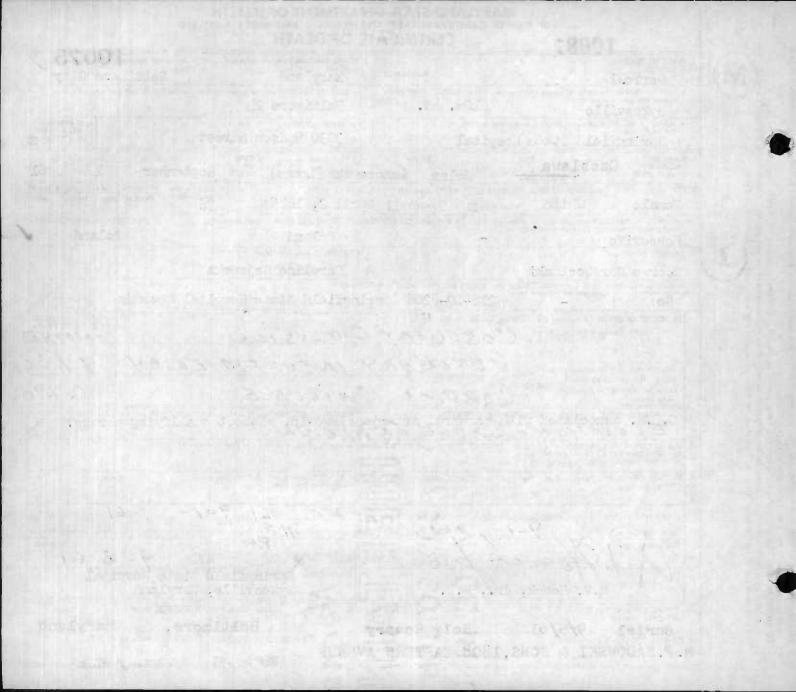
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10081

1. PLACE OF DEATH a. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where decease o. SIATE Maryland	b. COUNTY	timore City						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Sykesville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carpo Baltimore 24	orate limits, write RURAL	ond give nearest tawn)						
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Springfield State Hosp		d. STREET ADDRESS 3030 Hudson St	reet	e. IS RESIDENCE ON A FARM? YES NO						
3. NAME OF DECEASED (Type or print) CZeslawa First	Middle Helen Lenc	Lost 4. DATE OF DEATH	September	Doy Yeor 1 19 61						
S. SEX Female  6. COLOR OR RACE White WIDOW		B. DATE OF BIRTH April 2, 1885	9. AGE (In years last birthdoy) 76 yrs.	NDER 1 YEAR IF UNDER 24 HR: ths Days Haurs Min.						
10a. USUAL OCCUPATION (Give kind af work done during mast af working life, even if retifed)  Housewife  13. FATHER'S NAME	KIND OF BUSINESS OR INDUS	Poland  14. MOTHER'S MAIDEN NAME	ountry) 12	CITIZEN OF WHAT COUNTRY Poland						
George Chrobocinski		Caroline Gajew	ska							
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		ringfield State Ho	Address	rds						
3 ELEVATION -C	contributions to death but cerebral arteri AUSE UN	. // -	e condition given in	PART I(a) 19. WAS AUTOPS' g phrases No						
		D. (Enter nature of injury in Part I or Par								
Haur o.m. While	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m.    Haur o. m.									
21. I certify that (I) (this hospital) oftends sow the deceased alive on 220. SIGNATURE  222. PHYSICIAN'S NAME (Type)  R.V. Houck, Jr.	19.61, ond that d	eath occurred at/Life, from  ATTENDING MED. PHYS.  ATTENDING MED. DIRECTOR D  22d. ADDRESS Springfi	the causes and on	-2-6) SIGNE DEPITED						
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		TION (XXXXX cou	nty) (Stote) Marvland						
Burial 9/5/61 24. FUNERAL DIRECTOR'S SIGNATURE M.F. SADOWSKI & SONS, 1	Holy Rosar 808 EASTERN	AVENTE: 250. REC'D BY REGIS		'S SIGNATURE						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10082 with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: a. COUNTY o. STATE filed COUNTY MARYLAND death. Funeral CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (Vautside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? OR INSTITUTION 200 YES MO and NAME OF Middle 4. DATE Last Month Day Yeor DECEASED letely filled DEATH oges death. (Type or print) 196 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEJ 6. COLOR QR RACE 7. MARRIED NEVER MARRIED BANATE OF BIRTH last birthdoy) Months Doys Hours DIVORCED | WIDOWED P papers. đ, a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IMPOSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? haurs ing most of working life, even if (etjred) and carbon 72 13. FATHER'S NAME 14. MOTHER'S .⊆ physician With remave 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending that the death INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o C a the DUE TO þ gned by permit. Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underte has been sig lying cause lost physician 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO W 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work After 21. I certify that (I) (this hospital) attended the deceased from 1961\_, that (1) (we) last and that death accurred at saw the deceased alive an My from the causes and an the date stated above. DR ATTENI 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRES FUNERAL Dage 3 shaul page 3 the State DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 23b. (Stote) EMOVAL (Specify) 256, REGISTRAR'S SIGNATURE 250. REC'D BY RECISTRAR UNERAL DIRECTOR'S SIGNATURE

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	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
	10083 CERTIFICA	ATE OF DEATH Reg, Djst. No.
	1. PLACE OF DEATH 6. COUNTY. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Readence before demission)  o. STATE  b. COUNTY
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a 5 900,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  2-13 Co- Queen ST- 75x-
0	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Rest	d. AFREET ADDRESS.  O. 15 RESIDENCE ON A FARM? YES   NO
	NAME OF DECEASED (Type or print) EDNA JOSEPHINE	PENN 4. DATE Month Day Yeor PENN DEATH SUST. 1961
)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH  9. AGE In years of the property of the prope
	10a. SUAL OCCUPATION (Give kind of work done of the susiness of local life, even if refired)	Carrello-mid. U.S.a.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Slisabeth Musels
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (Yes, no. or unknown) (If yes, give wor or dates of service)	arm f. Fuser Bond St.
	1B. CAUSE OF DEATH [Enter only one couse per line for (o). (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Allered Selevative  DUE TO	Cordio Vascular pisesse Interval of Carry
	Conditions, if ony, which gove rise to immediate couse (o), storing the <u>under-lying couse lost.</u> Conditions, if ony, which (b)  DUE TO  (c)	
1		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \) NO \( \sum \)
J		D. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Apr 3 alive on Sept 12 , and that death	n occurred at 2:30 AM, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
	SIGNATURE TRUCK J. March	M.D
	PHYSICIAN'S AMES MARSH  220. BURIAL, CREMATION, 22b. DATE THEREOF , 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City of town, or causely) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS	Cantley Alfred Run 2016.
	J. E. Myers A. Westprende	1 7/16 SEP 15'61 Q-12 & thous

TE OF DEATH	
	and the same
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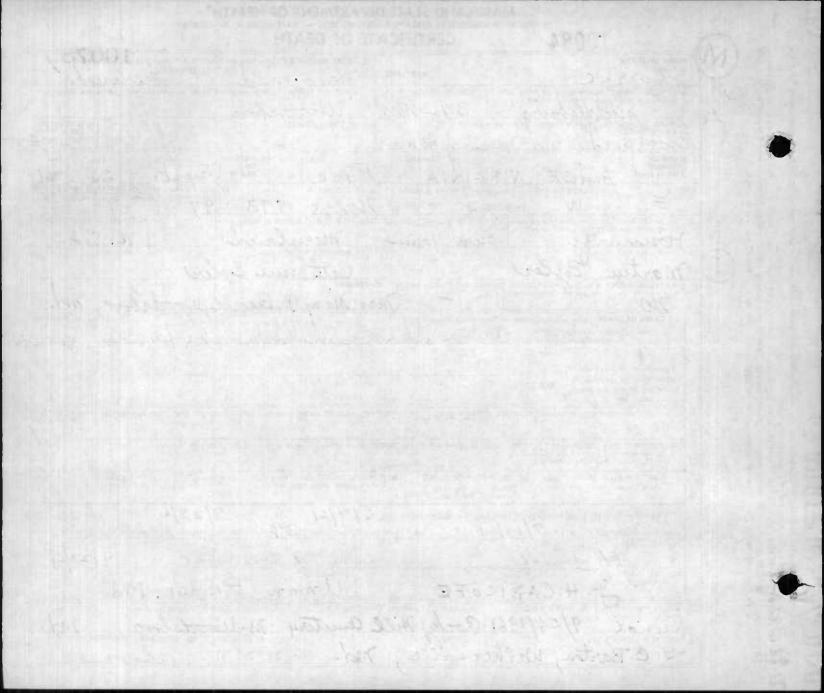
MARYLAND STATE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

10001

A	10004 CERTIFICATI	E OF DEATH							
A		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence deceased data in COLINTY							
	Carrall MARYLAND	Mary Paul b. COUNTY Frederick.							
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
0	RURAL and give nearest town) 3 1/2 Mo.	Woodshow							
Ш	d. NAME OF HOSPITAL (If not in hospital give street address)	d. STREET ADDRESS e. IS RESIDENCE							
0	Brookfield Manor mirring Home	ON A FARM? YES   NO							
П	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Yeor							
	(Type or print) ALICE VIRGINIA	CICE DEATH Sept. 23 1961							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.							
	J W WIDOWED DIVORCED 7	WY 25, 1873 87 yrs. Months Days Hours Min.							
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Housewife Our Home	Maryland U.S.A.							
1	13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME							
1	Marlin Eyler	Catherine Eyler							
	15. WAS DECEASED EVER IN U. S. AMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of service)	ORMANT Address							
a	no	o. Mary R. Beall Woodsboro, Md.							
9	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
	PART   DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Orteros Clerotic Cardiovascular Discase Leare								
11	DUE TO	V							
	Conditions, if ony, which ) (b)								
	gove rise to immediate couse (a), stating the under-								
	lying couse lost. (c)								
fi)		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO NO							
		(Enter nature of injury in Part I or Part II of item 1B.)							
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	Easter (	E OF INJURY (Home, form, 20f. (City or town) (County) (Stote)							
	Hour o. m.  While Not while foctor of work of work	y, street, office bldg., etc.)							
	21. I certify that (I) (this haspital) attended the deceased fram.	17/61 19 to 9/23/6/ 19 that (1) (we) last							
		ath accurred all M, fram the causes and an the date stated abave.							
	220. SIGNATURE	22b.DATE							
9	At aricage M.C	D. ATTENDING MED. STAFF PHYS. 9 23 C SIGNED							
	22c. PHYSIQIAN'S NAMB (I/pe)	22d. ADDRESS							
	H.CARICOFE	Union Bridge; Md.							
	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCATION (City, town, or county) (State) /							
	Burial 9/26/1961 Rocky Hill	Cemetery mr. Woodshop ml.							
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
	J. C. Barton, Walkersville, M	Nd. DATE SEP 26'61 Carthur & Knows							
- 1		Service de la constante de la							



TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after. Set 4 may be retained by the hospital or attending physician.

So I FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reflector appers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10085 CERTIFICATE OF DEATH

1. PLACE OF DEATH	· ·			ICE (Where deceesed lived, If institution	on residence before admission)			
Carroll		MARYLAND	Maryland	b. county Carro	011			
b. CITY OR TOWN (	if outside corporete limits, I give neerest town)	c. LENGTH OF STAY IN 1b		(If outside corporete limits, write RURA	L end give neerest town)			
rural Wes	tminster	38 years	X rural Wes	stminster R. D.	#7			
	TAL OR INSTITUTION (if not in hos		d. STREET ADDRESS		IS RESIDENCE			
			1		YES NO X			
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Month OF DEATH Contown	Dey Yeer			
			ichardson	Septembe				
5. SEX male	6. COLOR OR RACE 7. MARRIE WIDOWE		June 9, 189	last birthday) Month	DER 1 YEAR IF UNDER 24 HRS.  Deys Hours Min.			
		CIND OF BUSINESS OR INDUST			CITIZEN OF WHAT COUNTRY?			
	ad builder & fa	armer	Belair, i	Harford County	U.S.A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
John Ri	chardson		Elizabe	th Courtright Har	rdesty			
Yas no or unkown) (	ER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address				
	World War I	M	rs. R. H. R	ichardson san	me address			
1B. CAUSE OF I	EATH [Enter only one cause per	line for (a), (b), end (c).]			INTERVAL BETWEEN			
PART I. DEAT	ONSET AND DEATH Sudden							
7204	About one							
Conditions, if any, which gever rise to immediate couse (b) A.S.C.V.D.								
(e), steting tha u	DITE TO				? yrs.			
cause lest.	(c)							
PART II. OTHE	R SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN I	PERFORMED?			
5					YES NO			
OR CONTRIBUTING	AS UNDERLYING   20b. DES   CAUSE OF DEATH   MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	), (Enter neture of injury in	Pert I or Pert II of item 1B.)				
2Dc. TIME OF INJU			ACE OF INJURY (Home, fer		(County) (Steta)			
Hour a.m.	While 19 et wor	THING	tory, street, office bldg., etc	c.) j				
	17		+/27/10/10	10 0/27/60	10 11 (1) ( ) 1			
21. I certify t				19, 109/27/61,				
saw the deceas	sed alive on9/.27/.6.		death occure 2.4.	5A.M, from the causes and c				
22a. SIGNATURE	Edwins	Blevell		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED			
22c. PHYSICIAN'S NAME (Type	Edwin B. Jar:	rec. M.D.	22d. ADDRESS	1 East Chase St.,	City-2.			
REMOVAL (Specify)		23c. NAME OF CEMETERY		23d. LOCATION (City, town or c	363			
burial	19/29/61	Meadow Bran		rural Westmins				
L'S-M	Per D- Wat	Turnster The	DATE	WIED & DICE	my S. France			
	1 1	1111						

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Missing poursesses and come and the

Halmar, Hittord County L. T. S. L.

Charles and talk the others.

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24 212 12 Sec. 16 2118 212 Tale 2216

MARYLAND STATE DEPARTMENT OF HEALTH

			EARCH AND RECORDS — BALTI	MORE 1, MARYLAND	
	10086	CERTI	FICATE OF DEATH		10000
	1. PLACE OF DEATH o. COUNTY	MAI	2. USUAL RESIDENCE (WE	here deceosed lived. If institution: b. COUNTY	Residence before component
	b. CITY OR TOWN (If outside corpord RURAL and give nearest town)	ote limits, write c. LENGTH OF STA	Y IN 1b c. CITY OR TOWN (IF o	outside corporate limits, write RURA	AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hos	pital, give street address	d. STREET ADDRESS	nolu	e. IS RESIDENCE
)	Immule ?	morning Hom	ne 12 Rd	de Road	ON A FARM? YES NO Z
	3. NAME OF DECEASED (Type or Frint) ADA	First Midd ELIZABE	TH ROBB	DATE Month OF DEATH Selfst	Day Yeor 13 19 6
	5. SEX	4			UNDER 1 YEAR IF UNDER 24 HR
	10g. USUAL OCCUPATION (Give kind of	WIDOWED DIVORO	- 1000 11	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	during most of working life, even if	petired)	Smen	etto md.	U. s.a.
	13 MATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
	15 WAS DECEASED EVER IN U. S. ARME	MARCHED FORCES? 16. SOCIAL SECURITY N	IO. 17 INFORMANT	Address	ne
(	(If yes, give war ar d	dates of service)	miss addie 13	sell Roll in	2/2/PGE KOA
		one couse per line for (a), (b), and (a	0.1	- 11	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIATE CA		lever and	to Vasadur 12	neare 5 yr
	Conditions, if ony, which )	(b)			
	lying couse lost.	DUE TO			
3	PART II. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO D	DEATH_BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPS' PERFORMED? YES NO
	PART II. OTHER SIGNIFICAN  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAM	DEATH	OCCURRED. (Enter noture of injury in	Port I or Port II of item 1B.)	
	O 20c. TIME OF INJURY Month, Do Hour o. m. p. m.	by, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	n, 20f. (City or town)	(County) (State
	21. I certify that (I) (this ha	spital) attended the decease $9-12$ 1961, an	d framlo 9	'A /	, 196/, that (V) (we) la
	220. SIGNATURE 7	1 oard		ED. STAFF PHYS.	22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type) W 14	FOArd M.	D 22d. ADDRESS MANC	hester, 1	12 9-13-6
	23a. BURIAL, CREMATION, 23b. DATE 1	THEREOF 23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION (City, town, or co	Come.
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	250 JEC		Thuy S. Krans
	1 - a solo	MICAIN IN.	molle / Mile	SEP 15 '61 CA	CAMIL ST. 1 Change

after death. Page 4 TO HOSPITION R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hove after death. Page 4 may be remarked by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in soy the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours ofter death. VR A15 (4) 15M 9/59

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TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and complete, alled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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TO HOS

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10087 CERTIFICATE OF DEATH

											1112	-
1. PLACE OF DEATH a. COUNTY						2. USUAL I	ESIDEN	CE (Where d	eceased lived, If i		dence befo	re admission)
Car	rroll			MARYL	AND	a. SIAIC	Mar	vland	B. COON		Lto.C:	ity
b. CITY OR TOWN (if	outsida corporete limit give neerest town}	s,	c. Li	ENGTH OF STAY	IN 1b	c. CITY O	R TOWN (	it outside corp	orete limits, write	RURAL and g	ive neerest	town)
Sykesvill	Le		244	rs.lmo.	16da	75	Bal	timore		31	101-	4
d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in	hospital, g	iva street addres	ss)	d. STREET	ADDRESS					S RESIDENCE
Springfie	dd State Ho	spi	tal			6 3.0	340	2 Clif	ton Ave.			NO TO
3. NAME OF DECEASED	First			Middle		Last		4. DATE	Month		Dey	Yeer
(Typa or print)	Rob	ert		F.	I	Rynehar	t	DEATH	Septe	mber :	15.	1961
5. SEX	6. COLOR OR RACE	7. MAE	RRIED	NEVER MARRIED	X 8.	DATE OF BIRT	Н	19	. AGE (In yeers		THE PERSON NAMED IN COLUMN	DER 24 HRS.
Male	White	WIDO		DIVORCED		May 30	188	7	7 yrs.	Months De	ys Hou	rs Min.
1De. USUAL OCCUPATION done during most of wor	ON (Give kind of work	1DE	. KIND OI	BUSINESS OR I	NDUSTR	11. BIRTHPL	ACE (Cour	nty & State, or	foreign country)	12. CITIZE	N OF WHA	AT COUNTRY
Clerk	king life, even if refife	a)		-		Ma	rvla	nd		U.	S.A.	
13. FATHER'S NAME		-				14. MOTHER'	MAIDEN	NAME				
Robert Ry	mehart					Susa	an Br	ice				
15. WAS DECEASED EVE			16. SOCIA	L SECURITY NO	. 17. I	NFORMANT			Address			
(Yes, no, or unkown) (If	yesgive werordetes of se	ervice)		-		Springf:	ield :	Hospit	al Recor	ds.		
18. CAUSE OF D	EATH [Enter only one	cause p	er line for	(e), (b), and (c).		1 0						BETWEEN
	WAS CAUSED BY:		Myoc	ardial i	nfar	ection				- 1	Mini	ND DEATH
521V	DUE TO			VI de Vinda VI de de		00101						1003
								Week	cs			
geva rise to immedie	geve rise to immediate cause											
(a), stating the uncourse lest.	darlying (c)									5000		
Z PART II. OTHER	SIGNIFICANT CONDIT					T RELATED TO	HE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(		
Involution	mal psycho	sis	, par	anoid ty	ype.						YES T	REFORMED?
Involution  200. Accident was on contributing of contributing	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	2Db.	DESCRIBE	HOW INJURY O	CCURED.	(Enter neture o	f injury in	Pert I or Pert I	l of item 18.}		_	
3 20c. TIME OF INJUI	RY Month, Dey, Yes	or   20	od. INJURY	OCCURRED   2		CE OF INJURY (			y or town)	(County	')	(State)
WEDICAL Hour a.m.	19			lot While et work	facto	ory, street, office	bldg., atc	.)				
P.III.	nat (I) (this hospit	al) at			from t	July 29		10 37 10	Sentembe	r 75067	that (	(we) las
saw the decease	ed alive on Sep	tem	ber 1	510 67 an	d that	death occur	ed 2 9	· J.F.A.Mon	the causes	and on the	data et	ated above
22a. SIGNATURE	d dive oil	4		×17, 011	iu iliai	Coam occur	00 0(.,,.	.4.00347-41-011	i iiio caases i	on on me	, 0010 31	22b. DATE
Mari	other di	0	aur	useo	м.	ATTENDIN PHYS.	G /	MED.	STAFF PHYS.		9/-	15/61
22c. PHYSICIAN'S NAME (Type)	0000- 600	-	2.30		M.	22d. ADD	RESS					17/01
NAME (Type)	Agustin de	1Car	mpo.	M.D.		Spr	ingfi	eld Ho	spital,S	vkesvi	lle.Mo	d.
23a. BURIAL, CREMATIC	ON, 236. DATE THE	EOF	23c.	NAME OF CEA	METERY C	OR CREMATOR			ATION (City, tow			(Stata)
REMOVAL (Specify)	9/11/11	1		Youda	N, L	Park		1 Sa	Pho . 1	MN.		
24 FUNERAL DIRECTOR	'S SIGNATURE		1	ADDRESS		/	25e. REG	C'D BY REGIS	TRAR 256. REG	SISTRAR'S SIG	NATURE	
Mrs. a. Jink	rest loses	4	Book	emere.	17.	nid.	DATE &	SEP 1 9	61 0	Lithua X	Kinya	
our form	us lavio	-	,,,,,,,,,		1					- A - Ada		
W .												

1000 The land of The state of the s to the file of the state of the same of the same of the same Household on a Many or adding : Zhou name of the Er of the Image of Contract of the section of the secti The think I work the the think the think Land of John Land Land Contract to 100 and the second and the seco

W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution) e. COUNTY a. STATE director. Page b. COUNTY Carroll MARYLAND Maryland Washington
c. CITY OR TOWN (If outside corporele limits, write RURAL and give nearest town) Marvland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Sykesville llvrs. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ò d. STREET ADDRESS e. IS RESIDENCE Boa ON A FARM? "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained it burial-transit permit. File pages 1 and 2 with the State Bc moval, and in any event within 72 hours effected at the contract of the contrac YES NO Springfield State Hospital 34 High Street NAME OF 4. DATE Month DECEASED DEATH September 19 61 (Type or print) Edgar Showe Lawrence 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF SIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Male White WIDOWED [ April 8. DIVORCED 1908 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Railroad Clerical Work Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Showe Bertha Switzer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Springfield Hospital Records This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Asphyxia due to occlusion of larynx, trachea and Minutes DUE TO bronchi with food. removal, "pending" Examiner's ( geve rise to immediate cause DUE TO (a), stating the underlying cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19. WAS AUTOPSY PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to burial, cremating the contract of the co C.B.S. associated with meningoencepholitic syphilis with psychotic reaction 2Db. DESCRISE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ZDICAL EXAMINER: Aspirated food 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. at work 9-4-67 19 at work -Sykesville 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER SIGNATURE TULLS ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Address (Street, city, town, or county) Westminster, Md. NAME (Type) James T. Marsh, M.D. 22a. SURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Rose Hill Cemetery Hagerstown, Burial ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR Suter - Rouzer Funeral Home VS. A15ME & Franklin server Hagerstown, Md. arthur & House

Items 20&21 Film

17.8 re west, strant TISSIES FERRILL TO THE PROPERTY OF THE PARTY Altered the state of the state 19/7/ 961 A redesertin Courtery and Courtery .be , modern - toper funeral loss and section, ad.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
10089	CERTIFICA	ATE OF DEATH	1	Reg. 10083	
1. PLACE OF DEATH o. COUNTY  (2 Y Y 0 //	MARYLAND	2. USUAL RESIDENCE (Who. STATE	ere deceased lived. If institution b. COUNTY	Carroll	
RURAL and give nearest town) Airy	NGTH OF STAY IN 16	c. CITY OR TOWN (18%) RUYZ	utside carporote limits, write R	URAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION	s) /	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) Hannah E	liz aboth	Simms	4. DATE Man OF DEATH Septem	ber 28 1961	
5. SEX 6. COLOR OR RACE 7. MARRIED Colored WIDOWED	DIVORCED _	B. DATE OF BIRTH NOV. 15, 189	9. AGE (In years lost birthday) 95 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.	
10a. USUAL OCCUPATION (Give kind af work done during most af working life, even if retired)	Home	STRY 11. BIRTHPLACE (State of Mary)	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Isaac Milton Wat	evs	14. MOTHER'S MAIDEN N	1 1	yors.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no. or unknown) [If yes, give war or dates of service]	L SECURITY NO.	of Rachel A	nn Jones /	Mt-Aire (Home Addres)	
1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if only, which gave rise to immediate couse (o), stating the under-lying couse lost.		scular Disc	oschrotic easp	INTERVAL BETWEEN ONSET AND DEATH 9 40315	
PART IF. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO	
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE ION CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature af injury in P	art I or Port II of item 18.)		

20a. ACCIDENT WA (IF EITHER, NOTIFY 20c. TIME OF INJURY Doy, Year

20d. INJURY OCCURRED While Nat while ot work at work

factory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn)

(County) (Stote)

21. I certify that I attended the deceased fram ACTUAL

and that death accurred at 801 A.M. from the causes and an the date stated above.

DATE SIGNED ADDRESS (Street, city or town, state)

PHYSICIAN'S NAME (Type)

DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d, LOCATION (City, tawn, or caunty)

23. FUNERAL DIRECTOR'S SIGNATURE

220, BURIAL, CREMATION, 22b

CREMOVAL (Spegify)

CATION

MEDICAL

Hour o. m.

p. m.

ADDRESS

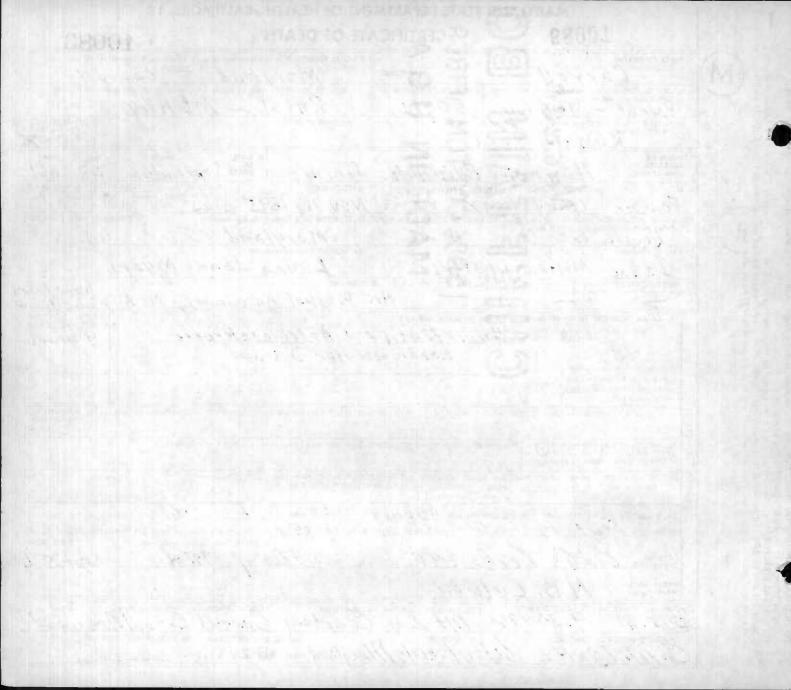
24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE

arthur & House

VS A15 (4) 15M 9/5B



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10090

	11	M	78	1	
tion.	Parid	97	before	adm	issia

	200.0								U34	
1. PLACE OF DEA	Carroll		MARYL	AND	2. USUAL RESIDENCE (Vo. STATE Mary		d lived. If institut b. COUNTY	ion: Residenc		issian)
b. CITY OR TO RURAL and Rural -	OWN (If autside carporate lim give nearest tawn) Sykesville	its, write	36 yrs. 8		c. CITY OR TOWN (I	f outside corpo	prate limits, write l	RURAL ond g	ive nearest to	wn)
d. NAME OF I	HOSPITAL (If not in haspital,	Di .	address)		d. STREET ADDRESS			111	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	777	rst .Ces	Middle Ida		Sisler	4. DATE OF DEATH	Moi 9	nth	Day 6	Year 19 61
5. SEX female	6. COLOR OR RACE white	7. MAR	RIED NEVER MARRIED		unknown		9. AGE (In years lost birthdoy) 72? yrs.	IF UNDER Manths	1 YEAR IF UN Doys Hour	_
none	UPATION (Give kind of work af warking life, even if retired	done 10b	. KIND OF BUSINESS OR	INDUST	Maryland				USA	COUNTRY?
13. FATHER'S NA					14. MOTHER'S MAIDEN					
Unknow	M ED EVER IN U. S. ARMED FOI	PCES2 14	SOCIAL SECURITY NO	17 INI	Unknown		Ado	dress	-	
(Yes, no, or unknown)	(If yes, give war or dates of	service)	none		ringfield Ho	spital			esvill	e, Md.
gove rise cause (o), s lying cause	to immediate tating the under-lost.  DUE TO to lost.	Ca  Ca  Co  Co  NDITIONS	rdiac insuf:	fici	NOT RELATED TO THE TER	MINAL DISEAS	se condition gi	VEN IN PART	PER	FORMED?
20a. ACCIDE OR CONTRIB (IF EITHER, N	ophrenic React  NT WAS UNDERLYING  UTING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER)			~ ~	. (Enter noture of injury i				YES	NO
20c. TIME OF Haur	INJURY Manth, Doy, Ye a. m. p. m.	20d. While at wo	Nat while		CE OF INJURY (Home, fo ary, street, office bldg., a		y or town)	(0	County)	(Stote)
	space of f	)n	yesternos	the de	ATTENDING D	MED. DIRECTOR  Springf		nd an the	9/6	ed abave. 22b. DATE
230 BURIAL CRE REMOVAL	MATION, 236 DATE THERE		23c. NAME OF CRAF	TERY OF			TION/ICIty, town,	ar county) -	Md	tote)
24. FUNERAL DIR	ECTOR'S SIGNATURE	Dense	ADDRESS	wil	25a. RE	SEP 1	TRAR 25b. REG	istrar's/sic	S. Thank	

F. EDUTTAD arry 3 

FOR STATE HEALTH DEPT. TO DEPUTY XEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If eny decreasery, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reteined for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Fleath, or its designated agent, prior to buriel, cremation, or removal, end in any event within 72 hours after death.

5.

10a do

13.

15. (Ye

CERTIFICATION

MEDICAL

22a

John M. Weber & Sons 401 S. Chester St.

Division	of STATISTICAL R	AARYLAND STATE I	s, 301 W. PRESTO	N STREET, BALTIMO	PRE 1, MARYLAND
2	0091 MEDI	CAL EXAMINER'S	CERTIFICAT	TE OF DEATH	10085
PLACE OF DEA	TH		2. USUAL RESIDEN	CE (Where dacaased lived, if i	nstitution: Residence before admission)
Carro	11	MARYLAND	a. STATE Marylar	ad b. COUN	Baltimore City
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Sykesville  7 yrs.10mos.18dys  Baltimore				RURAL and give neerest town)	
		not in hospital, give street address)	d. STREET ADDRESS	716	l a. IS RESIDENCE
	ngfield State			inwood Avenue	ON A FARM? YES NO X
NAME OF	First	Middle	Last	4. DATE Month	Dey Yaer
DECEASED (Type or print)	Agnes	Clara	Skalski	DEATH Septem	per 21 19 61
SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
emale :	271. 2.1.		February 23,	1908   lest birthdey} 53 yrs.	Months Deys Hours Min.
. USUAL OCCUPA	ATION (Giva kind of work working life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stete	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None			Marylan		U.S.A.
FATHER'S NAME			14. MOTHER'S MAIDEN		
	Skalski			ichalak Skalsk	
	EVER IN U.S. ARMED FORCE (If yes give war or detection)		INFORMANT	Address	-A -
No	-	B40	Springileid	Hospital Reco	
	ATH WAS CAUSED BY.	suffication due to	aspiration o	of food	INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if a	ny, which ) (b)				
gava rise to imme	> DIE TO				
causa last.	(c)_				
B.S. as	er significant conditions sociated wit	h convulsive disor	rder with psy	nal disease condition given chotic reaction	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. EXTERNAL PRIMARY ☐ or C CAUSE OF DEAT	CAUSE WAS 206 CONTRIBUTING TO H.	. DESCRIBE HOW INJURY OCCURED.			
20c. TIME OF IN		Aspirated food du			(County) (State)
Hour a.m	9-21-61		ctory, street, office bldg., etc	.)	sville, Maryland
					7
death resulted		the remains described above, bes , Accident , Sui	icide //, Homicide	Undetermined m	MILE.
	n		CHIEF MEDICAL	EXAMINER	
ACTUAL	trues 1	Morah	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	James T. Ma	rsh, M.D.	DEPUTY MEDICA		9-21-61
	TION, 226. DATE THEREOI	22c. NAME OF CEMETERY		city, town, or county) 22d. LOCATION (City, town,	or country) (Stata)
າກາດໆ	0/05/61	Holy Rosar	yCometery	Baltimore	Co. Md.
FUNERAL DIRECT	TOR Johan & C.	ADDRESS	24a. REC	'D BY REGISTRAR   246. REG	
401 S.	Weber & Sc Chester St	ons Inc	DASEP	22'61 arth	un S. Kraus

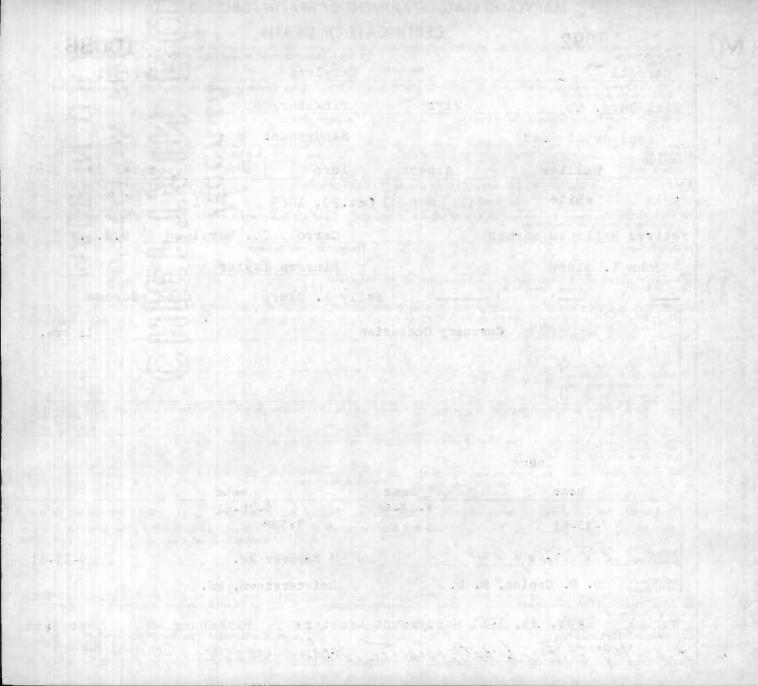
VS. A15ME 5M 7/59

CHESTON TO THE REST OF THE PARTY OF THE PROPERTY OF test his less thanks I so . Had BURNEY BURN THEFT toxine arrow from the design law. SE danet of piles of allowed Live of Market 188 south to and deviana and soo molder than a sound . The contract of the contract ENTER OFFICE AND MAINTAINED AND A SECOND SEC and the control of the control

VS A15 (4) 15M 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 10092 Regardis 086

1.	carroll			MARYLA	AND	2. USUAL RESIDENCE (W o. STATE Maryland	/here deceased	L COUNTY			e admiss	sian)
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	autside corpo				rest town	n)
	RURAL and give new Finksburg			7lyrs		XFinksburg	r RD					
	d. NAME OF HOSPITA		ive street	. 0		d. STREET ADDRESS	, 1(2)				e, IS RES	SIDENCE
П	OR INSTITUTION	ount Road				Sandymoun	t Rose	1			ON A	FARM?
=												] NO [[]
3.	NAME OF DECEASED	Fir	st	Middle		lost	4. DATE OF	Mon		Day		Yeor
L		William		Albert		Slorp	DEATH	Sept	ember			1961
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	☐ B.	DATE OF BIRTH		9. AGE (In years last birthdoy)	Manths		-	
	male	white	WIDOW	ED DIVORCED		ct.20, 1889		71 yrs.	Manins	Days	Hours	Min.
10	<ul> <li>USUAL OCCUPATIO during most of working</li> </ul>	N (Give kind of warking life, even if retired	one 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZ	EN OF	WHATC	COUNTRY?
1	retired Ra					Carroll	Co. Ma	aryland	U.	S.A		
13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	John L.	Slorp				Minerva	Taylor	r				
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INI	ORMANT		Addi	ress			
(,	es, no, or unknown) (1	f yes, give war or dales of s	ervice)		Sa	lly A. Slor	מי	same	addr	ess		
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (o), (b), ond (c).]			-			INTE	RVAL BE	TWEEN
		H WAS CAUSED BY:	Car	ronary Occlu	eio	n				ONS	2 hr	DEATH
	470	IMMEDIATE CAUSE (o	-	ronary occio	3 10	**				-	2 III	. 5 .
	1 4 0	DUE TO										
	Canditians, if an		)							-		
	couse (o), stating t											
_	lying cause last.	) (c								1		
ĺέ	PART II. OTHI	er significant con	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	PERFC	AUTOPSY RMED?
3												МО
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter noture of injury in	Port I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY	Manth, Doy, Ye	or 20d. I	NJURY OCCURRED 20	De. PLAC	E OF INJURY (Home, for	m,   20f. (City	or town)	(Co	ounty)	10.4	(Stote)
E E	Hour a.m.	none 19	While	Nat while		ry, street, affice bldg., et	non	•				
1				0.20								
	2	at I attended the		ed Hulli,		, 19, ta	9-20-6	/	that I las	t saw	the d	leceased
	alive anZ	-13-61	, 19	, and that d	leath o	ccurred at 1:30				date		
		9//	0				ADDRESS (St	reet, city or tawn,	stote)		DAT	E SIGNED
	SIGNATURE	, D. Gay	eur		M	D. 6 Hanove	r Rd.				9-21	-61
	PHYSICIAN'S NAME (Type)	D. D. Capl				Reisters	town,	Md.				
22	BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEMETE	ERY OR	CREMATORY	22d. LOCAT	ION (City, tawn, o	ar caunty)		(Stat	(e)
	REMOVAL (Specify) burial	Sept. 23	. 19	61 Sandymou	int	Cemeterv	Fin	ksburg R	D	N	arv	land
23.	FUNERAL DIRECTOR'S			ADDRESS			'D BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATUR	SE .	LOUIU.
	4.9. my	us his	114	athinin	1	MAN DATE	2 6 620	163 (	JAThur 2	1. Tu	المثلث	



VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1003 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whare		pstyre correadmission)
Carroll	MARYLAND	a. STATE Maryland	b. COUNTY	307 + 0 (4 + + + + + + + + + + + + + + + + + +
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL a	Balto City
Sykesville	9 days	Baltimore 11	3 '	V 0124
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	, giva street address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
Springfield State Hospital		2918 Huntington		YES NO K
3. NAME OF First DECEASED	Middla	Last 4. DATE	Month	Day Yaar
	Emma Beckfor		peh cempet.	
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8.	DATE OF BIRTH	9. AGE (In years   IF UNDER	
Female   White   WIDOWED		December 4, 1885	75 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if retirad)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State,	or foreign country)   12. C	ITIZEN OF WHAT COUNTRY?
Housewife	000	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Peter Beckford		Emma Ritchey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC (Yas, no, or unkown)   (Ifyasgive war or datas of servica)	CIAL SECURITY NO. 17. I	NFORMANT	Address	
No -	- 5	Springfield Hospit	al Records	
18. CAUSE OF DEATH [Enter only one cause per line f				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Term	inal bronchop	neumonia		Davs
491V DUE TO				
Conditions, if any, which (b)				
gava rise to immadiate cause				
(a), stating the underlying DUE TO				
(0)	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PA	RT 1(a) 1 19. WAS AUTOPSY
				PERFORMED?
200. ACCIDENT WAS UNDERLYING   20b. DESCRIB	E HOW INJURY OCCURED.	(Enter natura of injury in Part I or Par	t II of item 18.)	113   110
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
Hour a.m. While		CE OF INJURY (Homa, farm, 20f. (Cory, straet, office bldg., atc.)	City or town) (Co	ounty) (Stata)
p.m. 19 at work 21. I certify that (I) (this hospital) attended		Sant 2 1067 .	Cont 17 4	067 (1) ( ) 1
saw the deceased alive on September				
	TITIYQ.L., and that	death occured at 7.2.417 WAITE	om the causes and on	the date stated above.
Claustin de la	mpo. M.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS. K	9/11/61
22c. PHISICIAN'S Agustin delCampo	M.D.	Springfield H	lospital,Sykes	sville.Md.
	c. NAME OF CEMETERY		CATION (City, town or cou	
REMOVAL (Spacify) Sept 14.1961	_		4LTO CO	(State)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REG	STRAR 256. REGISTRAR'S	S SIGNATURE
Vane C. Chemowery, 361	1 Chealnut	HVC, DATE	000000	1 2. / 00

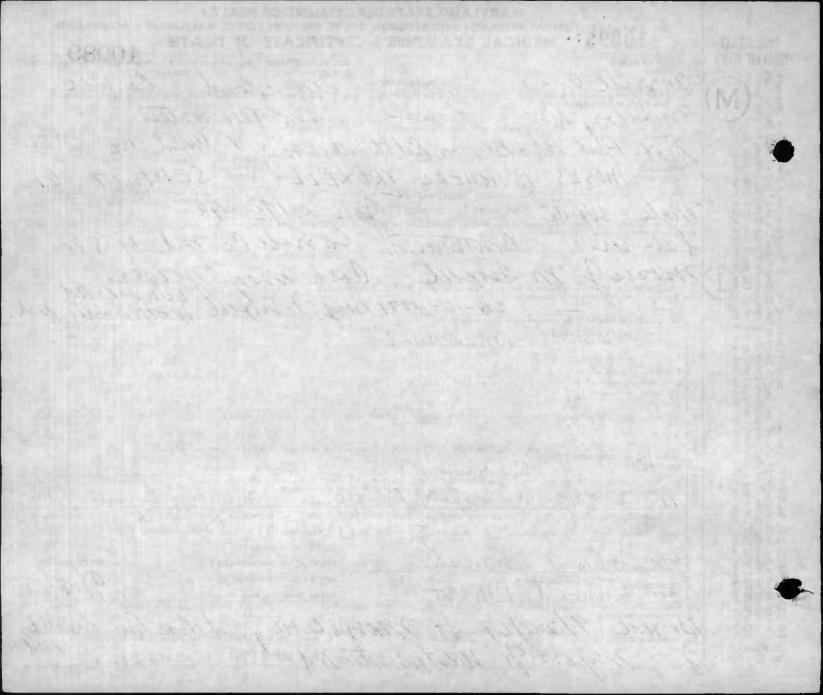
A SE STATE OF THE SECOND Cherry del Emile . Il continue be incinue litains en SELEN Color Miles since i some to si. In I do the death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

en and the construction of

AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S 89 ce befora admission) HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed fived, If institution COUNTY and 3 to the funeral director. Page a. STATE 6. COUNTY is necessary, files. MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 writa RURAL and give naarest town) Your Boar for not in hospital, give street address) e. IS RESIDENCE ON A FARM? refained State YES NO death. DATE DECEASED OF with the (Type or print) DEATH hours after 5. SEX 9. AGE (In years | IF UNDER 1 YEAR RACE IF UNDER 24 HRS. may birthday) Months Days Hours N and (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? form PM3. Page uring most of working life, aven if ratired) in pencil in Item 18. Give Pages 1, within permit. File pages MEDICAL EXAMINER: This certificate should be executed within 24 NU.S. ARMED FORCES? es give war or dates of service Office along with any 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN 2 burial-transit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) removal, DUE TO Conditions, if any, which (b) gave rise to immediata causa 10 Examiner's DUE TO SE (a), staling the undarlying Ö causa last. pesn ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 99 please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be cremat NO DEFECTS the certificate, which is please execute the certificate, which is should be forwarded to the Chief Medical should be should be forward. DIRECTOR: Page 3 should be shou 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ones up MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held in Autopsy Inspection X Induiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 0 VS. A15ME 5M 7/59

LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

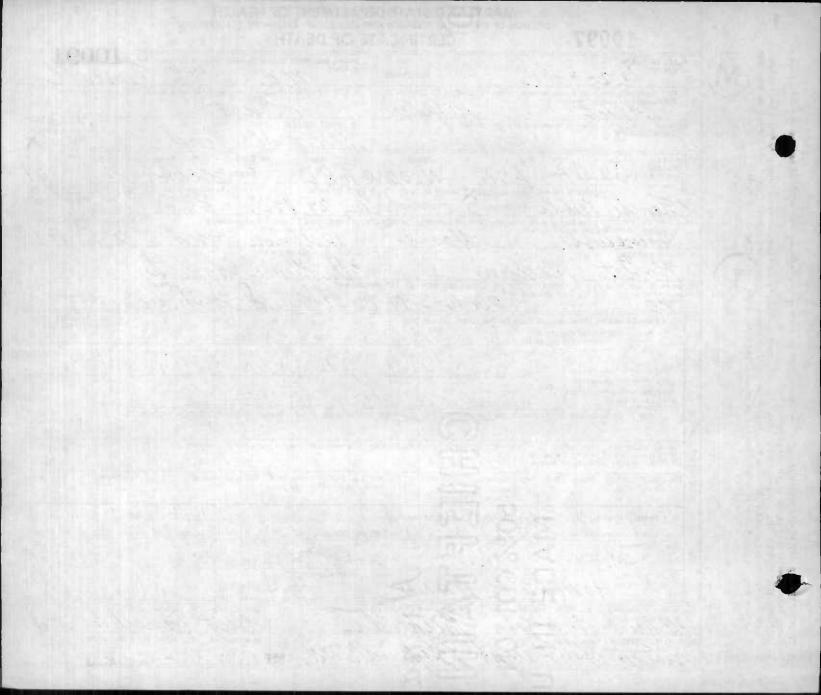
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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10097 CERTIFICATE OF DEATH						
1. PLACE OF DEATH.  G. COUNTY (Arrall MARYLAND)	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence between salar) a. STATE b. COUNTY Outland					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  A. STREET ADDRESS  ON A FARM?  YES NO					
3. NAME OF DECEASED (Type or print) JULIA ANN WOOD	WARD 4. DATE Month Day Year OF DEATH SEATH, 1961					
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  Oug. 29, 1906  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Manths Doys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Houseufe  House	Baltimore, med. U.S.A.					
13. FATHER'S NAME Nelson	Ellie Bourse Smith					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (If yes, give wor or dates of service) 2/4-16-3799	My Clarence & Woodward- above					
18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lemona, Carcinona Interval BETWEEN ONSET AND DEATH					
Canditions, if any, which gave rise to immediate DUE TO	metrotring 1960					
lying couse lost.	line failure 1961					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO					
	D. (Enter nature of injury in Part I or Part II af item 1B.)					
	ACE OF INJURY (Home, farm, letary, street, affice bldg., etc.) (City or town) (Caunty) (Stote)					
21. 1 certify that (I) (this haspital) attended the deceased fram.	1960 19 ta ) Dept , 1961, that (1) (we) last					
saw the deceased alive an 1. 19 1, and that	death accurred at 3.22 M, from the causes and an the date stated above.					
Howard & Hall	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 7					
22c. PHYSICIAN'S NAME (Type) HOWARD E. HALL	22d. ADDRESS Sheavell, ml					
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL (Specify) 9-5-6/ BURIAL	OR CREMATORY 23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR'S SIGNATURE " / ADDRESS /	AGO. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					

VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 92 a before admission) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution a. COUNTY b. COUNTY filled in by the fr Pages 1 and 2 s urs after death. Carroll MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarast town) write RURAL and give nearest town) Svkesville 1 mo. 11 dys. Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours Springfield State Hospital YES NO V 26 WATT Street completely papers. NAME OF DATE Month DECEASED OF (Type or print) Anne Yearlev DEATH September 1967 carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Days Hours Min. Female White February 9, 1879 WIDOWED DIVORCED 82 physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) Secretary Unknown U.S.A. Iowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 attending and Solomon Yearlev Jane Samuels 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address removal, (Yes, no, or unkown) | (If yes give war or dates of service) Springfield Hospital Records The law attending physician. 213-16-9097 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), permit. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ō Bronchopneumonia Days IMMEDIATE CAUSE (a) the burial-transit burial, cremation, cremation, DUE TO Conditions, if any, which (b) gava rise to immediata cause DUE TO (a), stating the underlying certificate has ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION SE PERFORMED? 0 C.B.S. associated with cerebral arteriosclerosis without qualifying phrase  $\square$  NO otaguse prior 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of item 18.) Po After this detached 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. retained ŏ may be retained DIRECTOR: / at work at work Pe plnous 22b. DATE ATTENDING MED STAFF SIGNED 9-13-61 DIRECTOR PHYS. TO 22c. PHYSICIAN'S NAME (Type) PHYS. M.D. eth. Tage 4 22d. ADDRESS Agustin del Campo. M.D. Springfield State Hospital. Sykesville. Md. ector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) P g d 9/16/61 Burial Mary's Cemetery Rockville, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Maryland DATE SEP 1 8 '61 arthur S. Kraue 15M 9/60 Rumphrev Bethesda

The law requires that the death

MARYLAND STATE DEPARTMENT OF HEALTH

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Per Contact P table 22 And

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. A contin dal Campo, Ht. D. Springiald State Hounital, Syconylle, Mil. . onries . Will St. Mary's Cometony Rockville, Maryland

Tabley W. S. Hundbarey Betheaut, Jonyland ... sign and ... cause I have

TO HOSP

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10099

10093

1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If a. STATE Maryland b. C	institution: Residence befare admission) OUNTY
b. CITY OR TOWN (If outside corporate limits, write pural limits, write c. LENGTH OF, STAY IN 1b c. CITY OR TOWN (If outside corporate limits, PURAL and give nagon, town)  Westminites	RFP3
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES AO
3. NAME OF DECEASED (Type or print) L'ILE MARE! VING ING CATH	Day Year 1961
	n year   IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)  Littlettor, Pa	12. CITIZEN OF WHAT COUNTRY?
Tohias Win. Brown 14. MOTHER'S MAIDEN NAME Cron	re
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ves. no. or unknown) (If yes, give war or dates of service) hose m. multon X i righting	Nextmenister 3, Ma
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Concluded Throm hos 15	INTERVAL BETWEEN
Canditions, if any, which gave rise to immediate couse (a), stoting the under-	Disease 10 yrs
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19  20d. INJURY OCCURRED While of work of otwork of work	(Caunty) (State)
	7, 1961_, that (we) last ses and on the dote stated above.
22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) W. H. FOARD M.D. MANCHESTE	-, Mel
330. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity. BEMOVAL (Specify) 9-10-61 Lutheau Com- Whenshe	ster- Quevell & My
Tipton - Elice - Hacupsterd Med DATE SEP 11 '61	b. REGISTRAR'S SIGNATURE Civiling S. Kraus

ED TO THE THE PARTY OF THE PART Sull Harris A CHARLES AND A STREET The first mental bear on it and and and and and Newson and AMS 12 August 1984 AND STEELS AND SIGNAL BEAUTIFUL ST THE RESIDENCE OF THE PROPERTY William - Elis 1 - Marcy Artisal Map ...